

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

11035

File No. ....  
Registered No. **2894**  
St. .... Ward/

APR 25 1934

**PLACE OF DEATH**

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **3525 Victor St.**)

**2. FULL NAME**

(a) Residence, No. **3525 Victor St.** St. **17** Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Thomas Chapman</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar. 26 - 1851</i>		
7. AGE YEARS <i>82</i>	MONTHS <i>11</i>	DAYS <i>25</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Physician</i>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
13. NAME <i>Henry Gauss</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
15. MAIDEN NAME <i>Not known</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Not known</i>		
17. INFORMANT <i>Oliver G. Chapman</i> (ADDRESS) <i>3525 Victor St</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Valhalla</i> DATE <i>Mar 26 1934</i>		
19. UNDERTAKER <i>C. Row L. W. Co</i> (ADDRESS) <i>2607 N. Grand St</i>		
20. FILED <i>J. A. Bredbeck</i> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 21, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 25* 19*33*, to *Mar 21* 19*34*

I last saw her alive on *Mar 20* 19*34*. Death is said to have occurred on the date stated above, at *10 A. m.*

The principal cause of death and related causes of importance were as follows:

*Angina Pectoris*  
*Arteriosclerosis*  
*94A*  
*127B*  
*Choleliths*

Other contributory causes of importance  
*94A*

Date of onset  
*2/17/34*  
*1/25/34*  
*1/24/34*

Name of operation *none* Date of  
What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? *no*  
If so, specify  
(Signed) *Grossmiller* M. D.  
(Address) *2743 N. Grand Blvd.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 20 1949