

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.

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

Do not use this space.

JUN 12 1935

17900

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1008

City *St. Louis* (No. *City Health*)

File No.
Registered No. *4215* St. Ward)

2. FULL NAME

(a) Residence, No. *2128a Russell St.* Ward. *23*
(Usual place of abode)

Length of residence in city or town where death occurred *27* 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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 12-1904*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 0 26

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. *nil*
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Leeds, England*

13. NAME *Mahler B. Lausch*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Reading Pa.*

15. MAIDEN NAME *Rosey Timony*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Presb. Ill.*

17. INFORMANT (ADDRESS) *Harry J. McKeay City Health*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Old S.S. Peter's Pk. May 11 35*

19. UNDERTAKER (ADDRESS) *Gugenschein Bros 2629 Duquesne*

20. FILED *5* 1935 19 *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 8 1935*

22. I HEREBY CERTIFY, That I attended deceased from *4/25* 1935 to *5/8* 1935. I last saw him alive on *5/8* 1935. Death is said to have occurred on the date stated above, at *8:00* m. The principal cause of death and related causes of importance were as follows:

Ovarian Cyst
P.O. Bowel obstruction

Other contributory causes of importance: *139*

Name of operation *Laparotomy* Date of *5/8*
What test confirmed diagnosis? Was there an autopsy?

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? If so, specify. (Signed) *[Signature]* M. D. (Address) *City Health*

