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

JAN 10 1937

Do not use this space.

File No. 46479

Registered No. 12268

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 6524 Nashville Ave. St. ..... Ward)

2. FULL NAME Moritz Gaus

(a) Residence, No. 6524 Nashville Ave. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Late Dorothy Gaus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 22, 1854

7. AGE: Years 82 | Months 2 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Park Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman

10. Date deceased last worked at this occupation (month and year) 5 Yrs. ago

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Engelbert Gaus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT: George Gaus
(ADDRESS) 6524 Nashville Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Paul's Churchyard DATE 12-16-36

19. UNDERTAKER: Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED (Date) DEC 14 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1934, to Dec 13 – 1936

I last saw him alive on Dec 12 – 1936. Death is said to have occurred on the date stated above, at 4:30 m. A.M.

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

	Date of onset
Arteriosclerosis	
59	
Other contributory causes of importance:	
Diabetes Mellitus –	about 4 yrs ago

Name of operation ..... Date of .....

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? No

If so, specify .....

(Signed) A. Brent Murphy, M. D.

(Address) 6120 Victoria Ave.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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