

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.

MAR 25 1936

## 1. PLACE OF DEATH

County St. Louis  
Township Central  
City Richmond Hights, Mo.

Registration District No. 1170  
Primary Registration District No. 6248 H.  
City St. Marys Hosp.

File No. 47842  
Registered No. 54  
St. \_\_\_\_\_ Ward)

## 2. FULL NAME

Infant Gaus

(a) Residence, No. 3521 West Pl. St. \_\_\_\_\_ Ward.

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1936.

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

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home  
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) Missouri

FATHER  
13. NAME Bert L. Gaus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER  
15. MAIDEN NAME Madeline Dillon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Bert L. Gaus  
(ADDRESS) 3521 West Pl.

18. BURIAL, CREMATION, OR REMOVAL:  
PLACE Calvary Cem. DATE Feb. 26/36.

19. UNDERTAKER Jos. W. Clark,  
(ADDRESS) 1125 Hadjiant Ave.

20. FILED 2/25 1936 Bertrude Porter  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24/36, 19

22. I HEREBY CERTIFY, That I attended deceased ~~from~~  
on Feb. 24/36 to Feb. 24/36, 19\_\_\_\_  
I last saw him alive on Feb. 24/36, 19\_\_\_\_. Death is said  
to have occurred on the date stated above, at 8.00 A.M.

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

Stillborn (Stillborn) Date of onset

Other contributory causes of importance: None

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? \_\_\_\_\_

If so, specify \_\_\_\_\_  
(Signed) J. W. Clark, M. D.

(Address) 1125 Hadjiant Ave.

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