MAR 5 - 1937

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

Do not use this space.

8476

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1930

City ST. LOUIS (No. 5023 N. KINGSHIGHWAY St. ..... Ward)

2. FULL NAME EDWARD B. GAUS

(a) Residence, No. 5023 N. KINGSHIGHWAY St., 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. 2 mos. 22 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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF [redacted] HUSBAND OF ALLIE GAUS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 19, 1888

7. AGE: YEARS 48 | MONTHS 2 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 37
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. LINEN SUPPLY
10. Date deceased last worked at this occupation (month and year) Jan. 1937
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MISSOURI 1

FATHER

13. NAME UNKNOWN GAUS 31
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN UNKNOWN 31

MOTHER

15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN UNKNOWN

17. INFORMANT (ADDRESS) MRS. ALLIE GAUS 5023 N. KINGSHIGHWAY

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST. PETERS DATE FEB. 15, 1937

19. UNDERTAKER (ADDRESS) SUEDMEYER & SON'S 3934 N. 20th ST.

20. FILED FEB 14 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-6-37, 19..., to 2-11-37, 19...
I last saw him alive on 2-11, 1937. Death is said to have occurred on the date stated above, at 11:12 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1-5-37
Rib Resection for Empyema	

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Other contributory causes of importance:

Empyema	1-10-37
Acute phyllitis non calculous	
Tuberculosis	

Name of operation Rib resection Date of 1-11-37
What test confirmed diagnosis? Examination 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) Walter H. Isaneman, M. D.
(Address) 1516 St Louis

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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