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.

JUN 29 1937

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

Do not use this space.

File No. 21365
Registered No. 222

1. PLACE OF DEATH
County Saint Louis — Registration District No. 1123
Township Carondelet — Primary Registration District No. 6248B
City Jefferson Barracks (No. VA 7 St. Ward)

2. FULL NAME Edward T. WRAUSMANN
(a) Residence, No. 3943 Kossuth Avenue St., Ward. Saint Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unkn. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
61	11	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
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) Saint Louis, Missouri

FATHER
13. NAME Charlie Wrausmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Germany

MOTHER
15. MAIDEN NAME Sophie Gieseke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

17. INFORMANT Clinical Clerk M. Schellig
(ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis Cem. DATE May 28, 1937

19. UNDERTAKER Goodhart & Goodhart
(ADDRESS) 2228 St. Louis Ave

20. FILED May 27, 1937 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1937 to May 25, 1937
I last saw him alive on May 25, 1937. Death is said to have occurred on the date stated above, at 1:45A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer of stomach with hemorrhage	
with severe malnutrition.	Unkn.

Other contributory causes of importance:
None

Name of operation Resection of Stomach Date of 1-21-37
What test confirmed diagnosis? autopsy findings; laboratory. Was there an autopsy? YES

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 C. W. Hughes
(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Mo.