

OCT 26 1937

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

35401
Do not use this space.

1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 1170
(b) Township Jefferson Primary Registration District No. 6248-H. Registered No. 210
(c) City Richmond Heights (d) Street No. ST. MARY'S HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ERWIN C. GAUEN

(a) Residence, No. AUDITORIUM HOTEL St. ST. LOUIS MO.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 XX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 19, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
46 2 3

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. TRAVEL AGENT
9. Industry or business in which work was done, as saw mill, bank, etc. KIRKLAND TOURS
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) ST. LOUIS MO.

FATHER
13. NAME CHARLES F. GAUEN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WATERLOO ILLS.

MOTHER
15. MAIDEN NAME AMELIA GANTER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WATERLOO ILLS.

17. INFORMANT CHARLES F. GAUEN
(ADDRESS) ST. LOUIS MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE WATERLOO ILLS. DATE SEPT. 24 1937

19. FUNERAL DIRECTOR PEETZ BROS.
(ADDRESS) 3029 LAFAYETTE AVE

20. FILED Sep't. 24 37. Sam A. Bassett M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 22 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to Sept. 22, 1937.

I last saw him alive on Sept. 22, 1937. Death is said to have occurred on the date stated above, at 3.15pm.

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

Splenic anemia Date of onset

Other contributory causes of importance:

Induration of liver

Name of operation Date of
What test confirmed diagnosis? Blood tests. 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? No

If so, specify

(Signed) Paul E. Rutledge, M. D.

(Address) Kirkwood, Missouri

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.

STATEMENT BY LICENSED EMBALMER

I, FRANK I. OWENS, Licensed Embalmer No. 2245

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ma

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Frank I. Owens

Licensed Embalmer No. 2245

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)