

DEC 28 1937

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

42369
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Registration District No. 785
(b) Township Carbonade Primary Registration District No. 3037 Registered No. 162
(c) City Kirkwood (d) Street No. 422 So. Geyer Road. 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 Amanda J. Taussig,

(a) Residence, No. 5965 Cabanne Place St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 4 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Mendota
(STATE OR COUNTRY) Minnesota

13. NAME Amadee Jolivet

14. BIRTHPLACE (CITY OR TOWN) Paris
(STATE OR COUNTRY) France

15. MAIDEN NAME Odile M. Bouthiellet

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

17. INFORMANT Mr. Amadee J. Taussig
(ADDRESS) Chase Hotel

18. BURIAL ~~CENETARY~~ CHURCH
PLACE Bellefontaine DATE Nov. 27, 37

19. FUNERAL DIRECTOR Wagoner Undertaking Co
(ADDRESS) 3621 Olive St.

20. FILED 11-26- 1937 Agnes C. Kelly
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1918, to Nov. 25, 1937.

I last saw him alive on Nov 18, 1937 Death is said to have occurred on the date stated above, at.....m.

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

Pneumo pneumonia

Date of onset

1/24Other contributory causes of importance: 107aArteriosclerosis

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

What test confirmed diagnosis?..... 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) Albert E. Taussig, I., M. D.(Address) 4500 Olive

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.

STATEMENT BY LICENSED EMBALMER

I, Edmund C Grothe....., Licensed Embalmer No. 3351

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed, Edmund C Grothe

..... Licensed Embalmer No. 3351

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.)