

NOV 13 1939

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

34204

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1008**
(c) City **St Louis, Mo** (d) Street No. **St. Anthony's Hosp** Registered No. **8742**
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 **Rosa Mary Lause**

(a) Residence, No. St. **WAClover Bottom, 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 **Female** 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 **Henry J. Lause**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 30 1862**
7. AGE YEARS **77** MONTHS **2** DAYS **12** IF LESS than 1 day,hrs. ormin.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as 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) **Washington** (STATE OR COUNTRY) **Mo.**
FATHER 13. NAME **Jacob Studer** 9
14. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY) 9
MOTHER 15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY)
17. INFORMANT (ADDRESS) **C. Viril Lause**
WAClover Bottom, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE **St Anne Com.** DATE **Oct 15** 1939
Washington, Mo
19. FUNERAL DIRECTOR (NAME) **Nieburg & Vitt** (ADDRESS) **Washington Mo**
20. FILED **OCT 13 1939** **J. B. Bredel** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-12-1939**
22. I HEREBY CERTIFY, That I attended deceased from **Oct 10** 1939, to **Oct 12** 1939
I last saw her alive on **Oct 10** 1939. Death is said to have occurred on the date stated above, at **4:30 p.m.**
The principal cause of death and related causes of importance were as follows:
Surgical Shock Date of onset
following Brain operation
Other contributory causes of importance: **87a**
Lic. Daulbureux
non malignant
Name of operation **Part. Root Sec.** Date of **Oct 12-39**
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?
If so, specify
(Signed) **J. Daulbureux** M. D.
(Address) **Humboldt Bldg**
St Louis Mo.

Dr Taintle
Humboldt

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed..... *Howard J. Rowland.*

Licensed Embalmer No. *3114*

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.