No. 2
4-10-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF [illegible]

NOV 20 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36471

Registration District No. 784 Primary Registration District No. 20 Registrar's No. 2022

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 9/30/40 (Specify whether years, months or days)
In this community unknown.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4218 Connecticut Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? - years.

3. (a) PRINT FULL NAME Henry Gauss
3. (b) If veteran, name war World War
3. (c) Social Security No. 489-10-7925
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mildred
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased Sept. (Month) 6, (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
48	1	19	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Clerk
11. Industry or business -
MOTHER FATHER
12. Name Charles Gauss
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Barbara Heoll
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Alice Selvaggio
(b) Address Actg. Cl. Clerk, VAF, Jeff. Bks., Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct 28-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Sun Set Burial Park
18. (a) Signature of funeral director Thos Knitz
(b) Address 2906 Gravois Ave
19. (a) OCT 26 1940 (Date received local registrar) (b) J. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25th
year 1940 hour 6:20 minute a.m.
21. I hereby certify that I attended the deceased from Sept. 30, 1940 to October 25, 1940
that I last saw him alive on October 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tumor of bladder (carcinoma), recurrent,	
with no apparent metastases.	unkn.
Due to -	
Due to -	
Other conditions (Include pregnancy within 3 months of death) Pyelo-nephritis, bilateral, (ascending infection).	unkn.

Major findings:
Of operations no operation.
Of autopsy no autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. W. HUGHES, M.D. (M. D. or other)
Address Chief Medical Officer. Date signed 10/25/40.

(Licensed Embalmer's Statement on Reverse Side)

Or Dean
Metropolitan Bldg
Grand & Olive
7-4

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
Leo Budde, Registered Apprentice No.
working under my personal supervision.

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis,

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, fact should be so stated above.