. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12435

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2865

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 14

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4970 Bancroft Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME August F. Daues

3. (b) If veteran, name war None

3. (c) Social Security No. 493-07-9812

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Daues

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Oct. (Month) 9th (Day) 1892 (Year)

8. AGE: Years 48 Months 5 Days 21 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Bricklayer

11. Industry or business

FATHER
12. Name Aug. F. Daues
13. Birthplace Cape Girardeau (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Bertha Krueger
15. Birthplace Cape Girardeau (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Elizabeth Daues
(b) Address 4970 Bancroft Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 1 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th year 1941 hour 7 minute P.M. M.

21. I hereby certify that I attended the deceased from Nov 23rd, 1940, to Mar 30, 1941, that I last saw him alive on ~~Feb~~ Mar 30, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia - acute — Duration 3 days

Due to Nephritis chr / Hypertension chr — about 5 yrs

Due to

Other conditions (Include pregnancy within 3 months of death) 2 f

Major findings: Of operations 0

Of 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)
(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 0

23. Signature Robert E. Warner (M. D. or other) M D
Address 1115 Tyler Brown Bldg Date signed Mar 31-41

(Licensed Embalmer's Statement on Reverse Side) St Louis Mo

Paul Brown Bldg.
Ch. 4747

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 Reinhold K Lehmann

Licensed Embalmer No. 3395

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.