

FILED MAY 13 1941

Registration District No. 791 Primary Registration District No. 1003

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 4944a Walsh St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 4944a Walsh St. (If rural, give location) 44  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John Gausch  
3. (b) If veteran, name war ---  
3. (c) Social Security No. 488-05-0975

20. DATE OF DEATH: Month Apr. day 28 year 1941 hour 3 minute 40 p. a. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from Jan. 30, 1941 to April 28, 1941 that I last saw him alive on April 28, 1941 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Emma Gausch 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased June 5, 1873 (Month) (Day) (Year)

Immediate cause of death Adenocarcinoma Duration 2 yrs.

8. AGE: Years Months Days If less than one day  
67 10 23 hr. min.

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

10. Usual occupation Not Employed for 1 1/2 years  
11. Industry or business Prior Salesman Roesch Furniture Co.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

MOTHER FATHER { 12. Name Frederick Gausch  
13. Birthplace Unknown Germany (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant Emma Gausch  
(b) Address 4944a Walsh St.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 5/1/41 (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park

18. (c) Signature of funeral director Wacker - Helderle  
(b) Address 2331 S. Broadway  
19. (a) APR 30 1941 (b) J. H. Bredek (Registrar's signature)

While at work (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature Dr. J. W. Steuermann (M. D. or other) \_\_\_\_\_  
Address 3108 Chipman St. Date signed 4-29-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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..... *Frank J. Ryland*  
Licensed Embalmer No. *2645*  
P. O. Address..... *St Louis Mo*

**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.**