

B. No. 2
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5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3568

State File No. _____
Registrar's No. 305

Registration District No. 784 Primary Registration District No. 200

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

1. PLACE OF DEATH:
 (a) County St Louis
 (b) City or town Koch
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Robert Koch Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 mo 22 days
 In this community 17 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St Louis
 (c) City or town St Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3316 a Hickory
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JEANETTE GAUSE
 3. (b) If veteran, name war _____
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 6th
 year 1942 hour 9 minute 20 A.M.
 21. I hereby certify that I attended the deceased from Aug 15, 1941 to Feb 6, 1942
 that I last saw h. er alive on Feb 6, 1942
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race N
 6. (a) Name of husband or wife George Gause
 6. (c) Age of husband or wife if alive 23 years
 7. Birth date of deceased Jan 5, 1922
 (Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis
 Duration 8 mo +
 Due to _____
 Due to 1361
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years 20 Months 1 Days 1
 If less than one day hr. _____ min. _____

9. Birthplace Birmingham Ala 1
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Otto Robbins
 13. Birthplace Birmingham Ala 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Angela Brand
 15. Birthplace Birmingham Ala 1
 (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Record
 (b) Address Robert Koch Hospital

17. (a) Burial (b) Date thereof 2-13-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director G.W. Bruce
 (b) Address 1003 N. Garrison

19. (a) FEB 11 1942 (b) C. H. Mc Laurance
 (Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Frank Cohen (M. D. or other) M.D.
 Address Robert Koch Hospital Date signed 2/7/42

FEB 27 1912

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed Frank Yancy
Licensed Embalmer No. 3371
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.