S. No. 2
1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8585

Registrar's No. 2968

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:
4223 Flad Ave.
(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:

(a) State Mo. (b) County 17 000

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

(d) Street No. 4223 Flad Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Jennie F. Gautier

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Late Marc. J. Gautier

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

7. Birth date of deceased Dec. (Month) 29th (Day) 1865 (Year)

8. AGE: Years 76 Months 3 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Daniel Wheeler
13. Birthplace (City, town, or county) Connecticut (State or foreign country)

MOTHER
14. Maiden name Morian Louise Miller
15. Birthplace Charleston (City, town, or county) South Carolina (State or foreign country)

16. (a) Informant Gladys M. Gautier
(b) Address 4223 Flad Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

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

19. (a) APR 2 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st year 1942 hour 5:30 minute A.M. M.

21. I hereby certify that I attended the deceased from April 5, 1941, to April 1, 1942 that I last saw her alive on Feb 23, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac dilatation	1 day
Coronary Sclerosis	6 months
Due to Arterio sclerosis	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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

23. Signature Louis N Tenner (M. D. or other)

Address 1303 N Kingshighway Date signed April 1-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Louis Thym
~~Motor Bldg.~~ 6029 Clemens
Fu, 0127
1303 SE Kingshighway 1-3

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 Edwin D McDermott

Licensed Embalmer No. 3024

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, fact should be so stated above.