

FILED JAN 3 1944 818

State File No. _____
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis,

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

(c) Name of hospital or institution: 4434 Grace 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 Missouri, (b) County 17

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

(d) Street No. 4434 Grace Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME ELIZABETH DAUSCH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife August, 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 2 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>7</u>	<u>16</u>	_____ hr. _____ min.

9. Birthplace Smithton, Illinois, /
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business _____

12. Name Peter Verharst,

13. Birthplace Brussels, Belgium, /
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hausmann,

15. Birthplace Germany, /
(City, town, or county) (State or foreign country)

16. (a) Informant Jos. Schwaab,
(b) Address 4434 Grace Ave.,

17. (a) Burial, (b) Date thereof 12/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery,

18. (a) Signature of funeral director Hubert Beng Morley
(b) Address 2842 Meramec St.

19. (a) DEC 20 1944 (b) J. F. Boudack
(Date received local return) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18th
year 1943 hour 3: minute 40 P. M.

21. I hereby certify that I attended the deceased from Oct. 23, 19 43 to Dec. 17, 19 43
that I last saw her alive on Dec. 17, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Apoplexy
Arterio-Sclerosis
Diabetes Mellitus

Duration 3 days

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

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
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) _____
Means of injury _____

23. Signature A. W. Peters (M. D. or other) M. D.
Address 4145 a South Grand Date signed 12/20

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

MOTHER FATHER

DEC 23 1949

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.....

Joe D. Benz
Licensed Embalmer No. 4249

2842 Meramec St.,
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.