S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39840

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10710

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3623 Roswell 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: 000

(a) State Mo (b) County

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

(d) Street No. 3623 Roswell Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARY GAUER

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

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

6. (b) Name of husband or ~~wife~~ John Gauer

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

7. Birth date of deceased October 12 ~~1865~~ 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Fred Trentmann
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Weasel
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Vincent Saitta
(b) Address 5155 Ashland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 9 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Sullivan Bros.
(b) Address 2849 N. Euclid Ave.

19. (a) DEC 6 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4th year 1943 hour 10:40P.M. minute M.

21. I hereby certify that I attended the deceased from March 26, 1943 to Dec. 4, 1943 that I last saw her alive on November 6, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiectasia	2 Hours
Due to Hypertension	5 years
Due to Asthma & Myocarditis	10 years

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 Fred H Krug (M. D. or other)

Address 2249 St Louis ave Date signed 12/5/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Krug
2249 St Louis Ave.
Ce. 1810 6 pm

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 Albert Mayfield

Licensed Embalmer No. 377

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.