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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 332

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 827

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: 3647 Gravois /
(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: 00827

(a) State Missouri (b) County 17 16

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3647 Gravois
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Gausmann

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Henry

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

7. Birth date of deceased October (Month) 27 (Day) 1851 (Year)

8. AGE: Years 92 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) France 5 (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Schoen
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Roger Gausmann
(b) Address 3647 Gravois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Wacker-Helderle K.C.
(b) Address 3634 Gravois

19. (a) JAN 27 1944 (Date received local registrar) (b) J. F. Bradell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 1944 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan. 5, 1944 to Jan. 25, 1944 that I last saw her alive on Jan 23, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery Disease 1 mo

Due to arterio sclerosis 5 y

Due to chronic myocarditis 5 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

(e) While at work? (f) Means of injury 0

23. Signature George A. O'Sullivan (M. D. or other) MD

Address 421 N Schirmer Date signed 1/29/44

(Licensed Embalmer's Statement on Reverse Side)

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. Hyland

Licensed Embalmer No. 1675

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.