

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15001

FILED JUN 3 1944
317

State File No. _____
Registrar's No. 1194

Registration District No. _____

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Creve Coeur
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. R. #2
(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

3. (a) PRINT FULL NAME John Andrew Dauster
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen Dauster
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased June 20, 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 11 7 _____ hr. _____ min.

9. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business _____
12. Name Ferdinand Dauster
13. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ida Renkel
15. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Dauster
(b) Address R.R.#2, Creve Coeur
17. (a) Burial (b) Date thereof 5-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Louis H. Boop, Inc.
(b) Address 131 W. Argonne Dr., Kirkwood
19. (a) MAY 29 1944 (b) E. G. McSwain, Jr.
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 27th
year 1944 hour 3:30 minute P M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Struck by lightning.
Due to Electrocution by lightning.
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy Yes. 194
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) Accident
(b) Date of occurrence May 27, 1944
(c) Where did injury occur? Creve Coeur, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm
While at work? _____ (Specify type of place) (e) Means of injury _____
33. Signature James J. Dwyer (City or other) _____
Address Clayton, Mo. 5-29-44 Date signed _____

(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 Felix L. Leland

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.