

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 36509
Registrar's No. 9784

Registration District No. 318 Primary Registration District No.

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

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Mary Vausha
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 Frank Vausha 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Sept. 29, 1862
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation At home

MOTHER FATHER
11. Industry or business
12. Name Michael Hodapp
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Christine Grassie
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rosa Allen, (b) Address 1236 N. Kingshighway

17. (a) Burial (b) Date thereof Nov. 20, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Craig Mortuary
(b) Address 4468 Washington Blvd. 8

19. (a) NOV 18 1944 J. J. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3533 Page Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th
year 1944 hour 1:59 minute P. M.
21. I hereby certify that I attended the deceased from 11/5/44
to Nov. 17th 19 44
that I last saw him alive on Nov. 17th 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic
heart disease
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy Refused

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 Ziebers C. Fritz 11/17/44
Address 1515 Lafayette Date signed

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 *Philip M. Lewis*.....

Licensed Embalmer No. 3281.....

P. O. Address. 4468 Washington Blvd. 8.....

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: