V. S. No. 2
00M—5-43
Rev. 5-17-39
I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38363

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 171

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks (Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Peters
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elsie Wahrhausen
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 single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 1 (Day) 1889 (Year)
8. AGE: Years 56 Months 1 Days 13 If less than one day hr. min.
9. Birthplace St. Peters, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation housework
11. Industry or business
FATHER 12. Name Henry Wahrhausen
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Madgalene Danzebrink
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Geo. Bolt
(b) Address St. Peters, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-45 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ St. Peters, Mo.
18. (a) Signature of funeral director Geo. Stiefater
(b) Address St. Peters, Mo.
19. (a) 11-17-1945 (Date received local registrar) (b) Ernest C. Paul (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14 year 1945 hour 10:30 minute P M.
21. I hereby certify that I attended the deceased from March 6 1945, 19..., to Nov 14, 1945 that I last saw her alive on Nov 14, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal obstruction,	
Due to metastatic carcinoma Colon	
Due to Carcinoma Recto Sigmoid	
Other conditions: (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma colon, intestinal obstruction
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 Vincent A Schneider (M. D. or other) MD
Address St Charles Mo Date signed 11/17/45

1340 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 12-11-45

APR 4 1947

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 E A Keithly

Licensed Embalmer No. 874

P. O. Address Fallon 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.