S. No. 2
I—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2516

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 708

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: De Paul Hospital (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:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 6 17

(d) Street No. 1391 Hamilton Ave., (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Gausman.

3. (b) If veteran, name war No

3. (c) Social Security No. None

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 Dec. 23, 1882. (Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days ~~28~~ 27 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Henry Gausman
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mannie Schwenker
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Harry H. Gausman

(b) Address 1391 Hamilton Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23/47. (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) JAN 21 1947 (Date received local registrar) (b) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20 year 1947 hour 10.00 minute A.M.M.

21. I hereby certify that I attended the deceased from 4-26-46, 19, to 1-30-47, 19; that I last saw her alive on 1-20-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Embolism

Due to Carcinoma of urinary bladder

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings: Of operations Carcinoma of urinary bladder

Of autopsy ca of bladder, septicemia

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 Louis N. Berard (M. D. or other)

Address 812 Olive St L(1) Date signed 1/21/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. L.N.Berard
Arcade Bldg.,
2-6 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 Alfred F. Boedeker

Licensed Embalmer No. 2863

P. O. Address 1125 Hodiamont Ave.,

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.