

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **10089**  
Registrar's No. **2777**

FILED APR 3 1948  
Registration District No. **318**

Primary Registration District No. ....

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17  
9

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

**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:  
5066 Lindenwood Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

In this community..... 12 Years

**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") 17

(d) Street No. 5066 Lindenwood Avenue  
(If rural, give location) 9

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

**3. (a) PRINT FULL NAME** Claus Dau

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 18  
year 1948 hour 11: minute 35 P. M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Anna Miller

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

7. Birth date of deceased January 26, 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... 1943 to..... 3/18 1948;  
that I last saw him alive on 3/18 1948;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>1</u>	<u>22</u>	..... hr. .... min.

Immediate cause of death Similarity

Due to Coronary Heart Failure 3 days

9. Birthplace Tetenhusen Schlesswig-Holstein  
(City, town, or county) (State or foreign country)

10. Usual occupation Superintendent

11. Industry or business Imse-Schilling Sash & Door

12. Name Jurden Dau

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Marie Hochman

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

16. (a) Informant Miss Roena Dau

(b) Address 5066 Lindenwood Avenue

17. (a) Burial (b) Date thereof 3/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilgrims' Rest

18. (a) Signature of funeral director BEIDERWIEDEN F.H. INC.

(b) Address 1936 St. Louis Avenue

19. (a) MAR 22 1948 (b) J. F. Gredek  
(Date received local registrar) (Registrar's signature)

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 Byron W. Bunch  
Address 7533 Foyale Clayton 5 Date signed 3/20/48

Dr. Byron M. Bury  
3 South Meramec  
Clayton, Missouri

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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 \_\_\_\_\_

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis 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.