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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14978

FILED APR 30 1948

Registration District No. 1487

Primary Registration District No. 6076

Registrar's No. 944

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town ~~St. Louis~~ Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Miller Nursing Home, 4 8149 Gravois Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4½ months (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1453 Benton Avenue 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ------

3. (a) PRINT FULL NAME Miss Wilhelmina Gausmann

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 October (Month) 31, (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	5	-	hr. min.

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

10. Usual occupation At Home

11. Industry or business -------

FATHER
12. Name Frederick Wm. Gausmann
13. Birthplace Hanover, (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Louise Peters
15. Birthplace Meehenberg (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Fred Stockho
(b) Address 5330 North Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Beiderwieden F.H.Inc
(b) Address 1936 St. Louis Avenue

19. (a) 4-14-48 (Date received local registrar) (b) Carl J Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th year 1948 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan. 16th, 1948 to April 11th, 1948; that I last saw her alive on April 10th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma (Cancer) of the Vertebra involving the xxxx Abdominal Viscera

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration: 5 mo.

PHYSICIAN
Underline the cause of which death should be charged statistically.

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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 W. H. Walters M. D. (M. D. or other)
Address 3608 S. Grand Blvd., Date signed 4/12/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm. A. Walters

MAY 28 1948

JUN 1

MAY 3

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 Max L. Warfel

Licensed Embalmer No. 4170

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.