

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Creve Coeur
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Conway Road Rural
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution _____
In this community life (Specify whether years, months or days)

3. (a) PRINT FULL NAME August T. Dauster

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive Ded. years
7. Birth date of deceased July 2 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 21 hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name JOHN DAUSTER
13. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Norman Dauster
(b) Address Clayton-5-Mo. R#2

17. (a) Burial (b) Date thereof 6-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Ev. Cemetery

18. (a) Signature of funeral director Baumann Bros. Inc.

(b) Address 2504 Woodson Rd. Overland Park, Mo.

19. (a) 6-27-48 (b) Gene J. Shapiro
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Creve Coeur
(If outside city or town limits, write "RURAL")
(d) Street No. Conway Road Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death self-inflicted perforating gunshot wound of left side of chest. Duration _____

Due to 164-C
Due to _____

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

Major findings: _____
Of operations _____
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) Suicide
(b) Date of occurrence June 23, 1948
(c) Where did injury occur? Creve Coeur, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place)
(c) Means of injury Gunshot
Wound

23. Signature Arnald J. Wellmann
Address Clayton, Mo. Date signed 6/25/48

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.....

Oscar F. Mueller

Licensed Embalmer No. *3039*

P. O. Address. *Overland 14 St*

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.