

S. No. 30
OM - 10-47
ev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41465**
Registrar's No. **11036**

Registration District No. **318**

Primary Registration District No. **1005**

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:
4204 Beethoven Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **San**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4204 Beethoven Ave**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Melvina Gaus**
3. (b) If veteran, name war *********
3. (c) Social Security No. *********

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **20th** day **December**
year **1948** hour **2:30** minute **Am** M.
21. I hereby certify that I attended the deceased from **MARCH 27**, 19**46**, to **December 20**, 19**48**
that I last saw her alive on **12-15**, 19**48**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **Gebhard Gaus**
6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **May 26th, 1888**
(Month) (Day) (Year)

Immediate cause of death **CORONARY THROMBOSIS** Duration **4 wks**
Due to **ARTERIOSCLEROSIS GENERALIZED** **years**
Due to **DIABETES MELLITUS** **years**

8. AGE: Years **60** Months **6** Days **24** If less than one day hr. min.
9. Birthplace **Missouri** (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: **61**
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation **At Home**
11. Industry or business.....
12. Name **Louis Kielman**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Amelia** **????**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Gebhard Gaus**
(b) Address **4204 Beethoven Ave**
17. (a) **Burial** (b) Date thereof **12-22-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sunset Burial Park**

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?
While at work? (Specify type of place) (e) Means of injury

18. (a) Signature of funeral director **Frederick Bros.**
(b) Address **8409 Gravois Ave**
19. (a) **DEC 21 1948** (b) **Robert M. Tichenor** (Registrar's signature)
(Date received local registrar) (Date)

23. Signature **Robert M. Tichenor** (M. D. or other) **M.D.**
Address **2602 Gravois St. Louis, Mo** Date signed **11-20-48**

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

4600 Gravois Ave

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.....

Henry H. Banner

..... Licensed Embalmer No.....

4200

..... P. O. Address.....

St. Louis

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.