

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35044**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8773**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 2 5604 Milentz	

3. NAME OF DECEASED (Type or Print) a. (First) Ferdinand b. (Middle) c. (Last) Dau	4. DATE OF DEATH (Month) (Day) (Year) October 10, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 28, 1965	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 84
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President	10b. KIND OF BUSINESS OR INDUSTRY Hshld. Furn.	11. BIRTHPLACE (State or foreign country) Brandenburg, Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Christian Dau	13b. MOTHER'S MAIDEN NAME Wilhelmina Neubauer	14. NAME OF HUSBAND OR WIFE Mrs. Bernice Dau
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bernice Dau, 5604 Milentz Avenue	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanoma - non-pigmented malignant tumor of scalp ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) metastases to lung - DUE TO (c)	1 year - 2 mo.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis - general chronic hypocholastic		1 year	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 53
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 191X
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22. I hereby certify that I attended the deceased from **4-4-49**, 19**49**, to **10-10-49**, 19**49**, that I last saw the deceased alive on **10/10**, 19**49**, and that death occurred at **7:45P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Theo. A. Hansen M.D.	23b. ADDRESS 3701 Grandel Square	23c. DATE SIGNED 10/11/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 13, 1949	24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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REG. BY LOCAL REG. 12 1949	REGISTRAR'S SIGNATURE J.B. Lester	25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F. H. Inc., 1936 St. Louis	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

In This Case
3701 Grand
2-4:30

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 _____

..... Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Walter Paulson
.....

Licensed Embalmer No. 4114

P. O. Address 1436 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.