

STANDARD CERTIFICATE OF DEATH

18083

FILED JUN 15 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5001

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5227 MAFFITT PL.</u>		d. STREET ADDRESS (If rural, give location) <u>5227 MAFFITT AVE.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>AGNES</u>		b. (Middle) <u>FLORENCE</u>	
c. (Last) <u>GAUSEWITZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 29 1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 23, 1882</u>
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>	11. BIRTHPLACE (State or foreign country) <u>WISCONSIN</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>CARL RIESENWERER</u>		13b. MOTHER'S MAIDEN NAME <u>THERESA TISUS</u>	14. NAME OF HUSBAND OR WIFE <u>WM. GAUSEWITZ</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME, (Write Address) <u>Mrs. Thera Valenti, 5227 Mauffitt Ave.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL APOPLEXY</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) — the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>MYOCARDITIS</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>234X</u>			
22. I hereby certify that I attended the deceased from <u>MAY 25, 1951</u> , to <u>MAY 29, 1951</u> , that I last saw the deceased alive on <u>MAY 25, 1951</u> , and that death occurred at <u>12:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Chas. Lemieux, M.D.</u>		23b. ADDRESS <u>4807 Natural Bridge</u>	
23c. DATE SIGNED <u>5/29/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>3 MAY 31, 1951</u>		24b. DATE <u>—</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>—</u>		24d. LOCATION (City, town, or county) (State) <u>NEE NAH, WIS.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 29 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Luster</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan Funeral Dir.</u>		ADDRESS <u>2849 N. Euclid</u>	

(Licensed Embalmer's Statement on Reverse Side)

2849 N Euclid

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

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *Robert Brinkman*
Student Embalmer No.

Licensed Embalmer No. *3553*

P. O. Address _____

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.