

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

S. No. 300  
v. 10-48

FILED MAR 31 1953

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2707**

1. PLACE OF DEATH a. COUNTY -----		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Jennings</b>	
c. LENGTH OF STAY (In this place) <b>2 mo.</b>		4148	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5627 JANET ST.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Lawrence</b> c. (Last) <b>Dauer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 11, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 6, 1902</b>	9. AGE (In years last birthday) <b>50</b>	10. Months <b>11</b> Days <b>5</b> Hours <b>-</b> Min. <b>-</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Assembly Man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Electrical Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Chester, Ill.</b>	
13a. FATHER'S NAME <b>Lawrence A. Dauer</b>			13b. MOTHER'S MAIDEN NAME <b>IDA AMANDA HAMPTON</b>		14. NAME OF HUSBAND OR WIFE <b>Mary E. Dauer</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>351-22-5607</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary E. Dauer</b>		ADDRESS <b>Jennings, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>71 does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Dis.</b>			
	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4200</b>

22. I hereby certify that I attended the deceased from **Jan 11, 1953**, to **Mar 11, 1953**, that I last saw the deceased alive on **Mar 11, 1953**, and that death occurred at **3:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Murray Chesky M.D.</b>	23b. ADDRESS <b>Jewish Hospital</b>	23c. DATE SIGNED <b>3/11/53</b>
24a. BURIAL OR CREMATION (Specify) <b>BURIAL</b>	24b. DATE <b>Mar. 13, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Chester, Illinois</b>

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAR 11 1953</b>	25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <b>Charles Smith M.D. Oscar Schwedler Chester, Ill.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

can be checked

**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 \_\_\_\_\_

*Ben C. Schroeder*

Licensed Embalmer No. *1751*

P. O. Address *Chattanooga, Tenn.*

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 11433-53  
Local Registrar's No. 2707

State of ..... }  
County of ..... } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears.....

....., who, upon ..... oath, states that the original record of birth death  
for William Lawrence Dauer <sup>died</sup> March 11, 1953, 19....., in the State of  
St. Louis, Mo. <sup>born</sup> at that time, 19....., should be corrected as follows:

Item No. 8 should read 1902

Instead of ..... 1901

Item No. 9 should read 50

Instead of ..... 51

Item No. .... should read Please furnish documentary proof of the date of birth.

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mary E. Dauer <sup>My</sup> Relationship.

5627 Janet, Jennings Mo  
Present Address.

Subscribed and sworn to before me this 23 day of March, 1953

My Commission expires 3-4-57 Ellac Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

