

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40476

State File No. ....

FILED NOV 27 1953

318

1003

Registrar's No. 10932

BIRTH NO. ....

REG. DIST. NO. ....

PRIMARY REG. DIST. NO. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois		b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (If in this place) 1 day		c. CITY OR TOWN Collinsville	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lutheran Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS		145 Sumner Blvd.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) FRIEDA	b. (Middle) M.	c. (Last) GAUEN	(Month) November	(Day) 17,	(Year) 1953

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 4, 1880	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Waterloo, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jacob Morganstern	13b. MOTHER'S MAIDEN NAME Ida Jobusch	14. NAME OF HUSBAND OR WIFE Amandis O. Gauen (deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 343-07-7714	17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. D. Gauen Collinsville, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 18 hours
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Cor. disease DUE TO (c) arterial regurgitation		
	11. 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 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from June, 1952, to Nov 17, 1953, that I last saw the deceased alive on Nov 17, 1953, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE u. m. Frank	23b. ADDRESS 3701 Grand Ave.	23c. DATE SIGNED Nov 17 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-17-53	24c. NAME OF CEMETERY OR CREMATORY St. John	24d. LOCATION (City, town, or county) Collinsville, Ill (State)
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DATE REC'D BY LOCAL REG. NOV 17 1953	REGISTRAR'S SIGNATURE J. C. Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Jones Collinsville, Ill.
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Walter H. [Signature]*

Licensed Embalmer No. 3577

P. O. Address Ballusville

**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.