

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19134

State File No. _____

FILED MAY 24 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 580 Registrar's No. 1192

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		c. CITY OR TOWN <u>Jennings 4148</u>	
c. LENGTH OF STAY (In this place) <u>3 1/2 hrs</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital, institution, give street address or location) HOSPITAL OR INSTITUTION <u>Normandy Osteopathic</u>		e. STREET ADDRESS (If rural, give location) <u>5309 Jennings Rd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u> b. (Middle) <u>M.</u> c. (Last) <u>Gausmann</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 10 56</u>		
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>JULY 15TH 1877</u>		9. AGE (In years last birthday) <u>78</u>		10. F UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mt. Olive, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Bernard Gausmann</u>		13b. MOTHER'S MAIDEN NAME <u>Meyer</u>	
14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Elvie Gausmann</u>		17. ADDRESS <u>5015 Duane 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>	
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b) <u>Mesenteric Thrombosis</u>		<u>2 days</u>	
		DUE TO (c) <u>Malignant Hypertension</u>		<u>years</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>5702</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5-9-56, 1956, to 5-10-56, 1956, that I last saw the deceased alive on 5-10-56, 1956, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Saint Louis</u> (Do not write name or title)		23b. ADDRESS <u>5329 Riverview Blvd.</u>		23c. DATE SIGNED <u>5-11-56</u>	
24a. BURIAL - CREMATION - REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/14/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEMETERY</u>	
		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>			

DATE REC'D BY LOCAL REG. <u>5-11-56</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Dowling</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CALVIN F. FRUTZ</u> ADDRESS <u>4828 NATURAL BRIDGE BLVD.</u>	
				FUNERAL HOME, INC. ST. LOUIS, MO.	

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

DATE OF DEATH
1917

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.....
Signature of Student Embalmer

Signed *John A. Merriam*
.....

Licensed Embalmer No. *4184*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.