

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

35199

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 113  
 City..... St. Louis Mo (No. 3215, St. Louis Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 9416  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Elizabeth Hausner  
 (a) Residence, No. 3215 St. Louis Ave, 20 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

7. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 - 1866  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
67. 2 19

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuktown Mo

FATHER  
 13. NAME Stephen Otto  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER  
 15. MAIDEN NAME Catherine Prumert  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs Rose Luce Knoch  
 (ADDRESS) 3215 St. Louis Ave

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Calvary Cem DATE Nov. 2, 1933

19. UNDERTAKER Ambruster and Co  
 (ADDRESS) 4224 Manchester Ave

20. FILED 661 31 1933  
J. Bredecker  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17<sup>th</sup>, 1933, to Oct. 19<sup>th</sup>, 1933  
 I last saw him alive on Oct 28<sup>th</sup>, 1933. Death is said to have occurred on the date stated above, at 8:20 P.m.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset \_\_\_\_\_

Carcinoma of uterus  
and urinary bladder  
 Other contributory causes of importance: Leukemia  
Sept 1932  
Adm. Myocarditis  
1925

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Edwin J. Probst, M. D.  
 (Address) 3635 Manchester Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

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1249 - 115  
3085 - 115  
B. G. Smith  
1249 - 115