

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

JUN 18 1937

1. PLACE OF DEATH

County Franklin  
Township Bales  
City (No. ) (No. )

Registration District No. 293 293  
Primary Registration District No. 5411

File No. 10945  
Registered No. \_\_\_\_\_

2. FULL NAME

Louis Hausmann  
(a) Residence, No. Labadie Mo St.          Ward.         

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 43 yrs 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Augusta Steffens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21st 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
43 8 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil Dealer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming  
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) Washington Mo

FATHER 13. NAME Louis Housmann  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo

MOTHER 15. MAIDEN NAME Sophia Ehlers  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. John Twp Franklin Co Mo

17. INFORMANT (ADDRESS) Augusta Housmann  
18. BURIAL, CREMATION, OR REMOVAL, PLACE St. Peters Cemetery DATE May 23rd '37  
Washington Mo  
Otto & Co

19. UNDERTAKER (ADDRESS) Washington Mo

20. FILED 5 22 1937 26 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3:30 pm.  
The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance: 630

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? St. John Twp (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) Phos. P. Shaffer  
(Address) Fullerton Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

