

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

Do not use this space.

1. PLACE OF DEATH SEP 10 1937
 County.....
 Township.....
 City St. Louis (No. 791)
 Registration District No. 791
 Primary Registration District No. 1003
 Firm Firman, Desloge Hospital
 File No. 28765
 Registered No. 7398
 St. _____ Ward _____

2. FULL NAME Fred Hausgen
 (s) Residence, No. 1805 Delmar Blvd. St. 21 Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mrrried
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mamie Hausgen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 5 11

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Fred Hausgen

14. BIRTHPLACE (CITY OR TOWN) Dont Know (STATE OR COUNTRY) _____

15. MAIDEN NAME Ellen Clark

16. BIRTHPLACE (CITY OR TOWN) Dont Know (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Bee McCall (ADDRESS) 4115 McPherson Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cent. DATE 8-6-37

19. UNDERTAKER Arthur J. Donnelly (ADDRESS) 3840 Lindell Blvd.

20. FILED AUG 5 1937 J. F. Brudeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/3 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/17, 1937, to 8/3, 1937.
 I last saw him alive on 8/3, 1937. Death is said to have occurred on the date stated above, at 10:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia - Polych
Carinoma Esophagus

Other contributory causes of importance: _____

Name of operation neck dissection Date of 7/29/37
 What test confirmed diagnosis? Path. M. Was there an autopsy? Yes

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? _____
 If so, specify _____
 (Signed) Armand C. Fortier, M. D.
 (Address) 1325 S. Grand 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.

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