

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.

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

4145
Do not use this space.

FEB 16 1938

1. PLACE OF DEATH

(a) County St. Louis. Registration District No. 96
(b) Township Bonhomme. Primary Registration District No. _____
(c) City Ballwin. (d) Street No. Ballwin. Registered No. 193
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Henry Louis Haussels 242
(a) Residence, No. Ballwin, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 2 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. General Laborer
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 40

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

FATHER 13. NAME William Haussels

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Louise Barcherding

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Chas Buermann
Ballwin, Mo.

18. BURIAL, CREMATION, OR REMOVAL Ellisville, Mo.
PLACE St. John's Cem. DATE 1/29/38

19. FUNERAL DIRECTOR (ADDRESS) Schrader Funeral Home
Ballwin, Mo.

20. FILED 1-28 1938 Dr. Max M.D. Jr. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1936, to Jan 27, 1938
I last saw him alive on Jan 25, 1938. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Other contributory causes of importance:

Chronic Nephritis
parietal Hypertrophy
Chronic Bronchitis

Name of operation _____ Date of _____

What test confirmed diagnosis? Exam Was there an autopsy? _____

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) Henry Scott, M. D.

(Address) Ballwin, Mo.

STATEMENT BY LICENSED EMBALMER

I, Harry Schrader, Licensed Embalmer No. 2091
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Harry Schrader
L. E.
No. 2091 or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Harry Schrader
Licensed Embalmer No. _____

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.)