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

23340
Do not use this space.

791
1003
6034

DEC'D AUG 12 1938

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 1003
(b) Township — Primary Registration District No. — Registered No.
(c) City St. Louis — (d) Street No. Missouri Pacific Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 1 mos. 21 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frederick Wm. Hausgen 57
(a) Residence, No. 1009 W 6th St. St. NR Sedalia Mo.
(Usual place of abode, if no street address, write county or city) (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 (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Henrietta Hausgen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1864
7. AGE YEARS 74 MONTHS 7 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Supervisor of
9. Industry or business in which work was done, as saw mill, bank, etc. Bridges & Bldg.
10. Date deceased last worked at this occupation (month and year) 1934
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Missouri

FATHER
13. NAME Ferdinand Hausgen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Pauline Thoss
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Missouri

17. INFORMANT (ADDRESS) Mrs. Geo. F. Hausgen 5901 Maple Ave. St. Louis, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE July 5 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nieburg & Witt Inc Washington, Mo
20. FILED JUL 6 1938 J. F. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to July 2, 1938
I last saw him alive on July 2, 1938 Death is said to have occurred on the date stated above, at 5:18 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	
Cardiac Decompensation	

Other contributory causes of importance:

Name of operation ..... 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? ..... 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) Harry J. Dick, M. D.
(Address) Missouri Pacific Hospital

Licensed Embalmer's Statement on Reverse Side)

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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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, Lester H. Witt, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, Mo.

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 this body is not embalmed, above space should be left blank.