

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16713

Do not use this space.

791
1008

4247

JUN 12 1939

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City..... ST. LOUIS (d) Street No..... MO. BAPTIST HOSPITAL 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. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. St.
(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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 22 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 11 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as saw mill, bank, etc.
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) TROY, MO.

FATHER 13. NAME EDWARD HAUSGENS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.

MOTHER 15. MAIDEN NAME MARY DURHAM

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

17. INFORMANT (ADDRESS) ED. HAUSGENS 12 ELLSBURY, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE TROY, MO DATE 5-8-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) CLIFTON MILLER ELLSBURY, MO.
J. J. Budick Local Registrar

20. FILED MAY 8 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 6 1939

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1939, to May 6, 1939
I last saw h. alive on May 6, 1939 Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset 1936
Arteriosclerotic heart disease
95%
Other contributory causes of importance:
Congestive heart failure
Pulmonary infarction,
no pneumonia
1938
May 3, 1939

Name of operation Date of.....
What test confirmed diagnosis? EKG etc 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..... Thrombus in stroke
(Signed).....
(Address) 114 N. Mylon, St. Louis

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.

42417

42417

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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. J. Sullivan*

Licensed Embalmer No. *1122*

P. O. Address *St. Louis, Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to conform with the above constitutes grounds for revocation of license.)

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