

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.

202986

AUG 11 1939

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

23640
Do not use this space.

1. PLACE OF DEATH

(a) County 791 Registration District No. 2
 (b) Township 1003 Primary Registration District No. 1
 (c) City St. Louis (d) Street No. 3214 INDIANA AVE Registered No. 5913
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth 3 yrs. mos. ds.

2. PRINT FULL NAME Christopher Hauser

(a) Residence, No. 3214 INDIANA AVE. St. 24 (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 married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3-1870

7. AGE YEARS 69 MONTHS 1 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Car Inspector
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired (4 yrs)
 10. Date deceased last worked at this occupation (month and year) June 1935 11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wm Brook 1 N. J.

FATHER

13. NAME Christian Hauser
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 5

MOTHER

15. MAIDEN NAME Eleanor Leasy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Leo M. Schnappell 32-14 1st Ave. Astoria, Ore

18. BURIAL, CREMATION, OR REMOVAL PLACE Callenspelles DATE July 4 1939

19. FUNERAL DIRECTOR (ADDRESS) Leo M. Schnappell Callenspelles, Ind.

20. FILE NO. 5 1939 JO Buchholz (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4- 1939

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1939, to 7-4, 1939
 I last saw him alive on 7-3, 1939. Death is said to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:

Date of onset 6-13-39
acute heart dilatation
chronic myo. carditis

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Wm. R. Grem, M. D.
 (Address) 2227 E. Broadway St. Louis, Mo

5913

5913

STATEMENT BY LICENSED EMBALMER

I, Geo M Schrapper, Licensed Embalmer No. 1598

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by..... Registered Apprentice No.....
working under my personal supervision.

Signed Geo M Schrapper
Licensed Embalmer No. 1598

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.)