

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6157 Waterman Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary M. Hausmann**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W.**

6. (b) Name of husband or wife **Joseph S. Hausmann** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 2, 1866**
(Month) (Day) (Year)

8. AGE: Years **73** Months **9** Days **14** If less than one day hr. _____ min. _____

9. Birthplace **St. Louis Mo. (1)**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER { 12. Name **James Mohan**
 13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary Oates**
 15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Harold D. Borg**
 (b) Address **6157 Waterman Ave.**

17. (a) **Burial** (b) Date thereof **3-19-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Arthur J. Donnelly**
 (b) Address **3840 Lindsey Blvd.**

19. (a) **MAR 18 1940** (b) **J. F. [Signature]**
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **6157 Waterman Ave.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **16**
 year **1940** hour **5** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **June 15, 1938** to **March 16, 1940**, that I last saw her alive on **March 15, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute coronary thrombosis.** Duration _____

Due to **arteriosclerosis general & coronary.**

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature **Alfred J. [Signature]** (M. D. or other) **MD**
 Address **634 [Address]** Date signed **3/16/40**

PHYSICIAN
 Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lundell Blvd

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.