DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9106

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2589

1. PLACE OF DEATH:

(a) County

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 14 (If outside city or town limits, write "RURAL")

(d) Street No. 5733 Lindenwood Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frank Anthony Hausherr

3. (b) If veteran, name war World War

3. (c) Social Security No. 489-10-0619

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Matilda Hausherr

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased February 15 1893 (Month) (Day) (Year)

8. AGE: Years 47 Months 1 Days 2 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Ass't Sales Manager

11. Industry or business Anhueser-Busch Brewery Co

FATHER
12. Name John Hausherr
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Christine Weber
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant's own signature Matilda Hausherr

(b) Address 5733 Lindenwood Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20 1940 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) MAR 19 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th day March year 1940 hour 12:00 minute PmM. M.

21. I hereby certify that I attended the deceased from 11-27-39, 19..., to 3-17, 1940, that I last saw him alive on 3-16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1) Malignant Hypertension	1 yr.
2) Coronary Occlusion	16 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John J. Hammond (M. D. or other) M. D.

Address 634 N. Grand Blvd Date signed 3/18/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Dr. Hammond
Mo. Theatre Building
Fr 5080
2 30 to 5 30

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 Frank I. Queen

Licensed Embalmer No. 2245

P. O. Address St Louis 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.