

No. 2
4-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4434 0

State File No. _____

FEB 14 1941

Registration District No. 789

Primary Registration District No. 202

Registrar's No. 262

1. PLACE OF DEATH: Clencoe, Mo. R #1.
 (a) County St. Louis,
 (b) City or town Rural. Meramec Twnsh.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: near Babler State Park Rd. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
 In this community 75 years, (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis, 96
 (c) City or town Clencoe, Mo. R #1. Meramec Twnsh.
 (If outside city or town limits, write "RURAL")
 (d) Street No. near Babler State Park Rd. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Fred C. Haussels,
 (b) If veteran, name war none
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 2,
 year 1941 hour 10 minute 30 A.M.

4. Sex male 5. Color or race white
 6. (a) Single, married, divorced married
 (b) Name of husband or wife Sophie Haussels,
 (c) Age of husband or wife if alive 12 years
 7. Birth date of deceased Sept. 12, 1865
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1, 1941, to February 2, 1941;
 that I last saw him alive on February 2, 1941,
 and that death occurred on the date and hour stated above

8. AGE: Years 75 Months 4 Days 20 If less than one day
 hr. min.

Immediate cause of death
Chronic nephritis
Chronic myocarditis
 Due to _____
 Due to _____
 Other conditions none
 (Include pregnancy within 3 months of death)

9. Birthplace St. Louis Co. Mo. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer,
 11. Industry or business Own farm

MOTHER FATHER
 12. Name William Haussels,
 13. Birthplace Cermama 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Louisa Borchering,
 15. Birthplace Cermama, 4
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Roy Haussels,
 (b) Address Clencoe, Mo. R #1.
 17. (a) Burial (b) Date thereof Feb. 4, 41
 (Burial, cremation, or removal) (Month) (Day) (Year)

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)

(c) Place: burial or cremation St. Paul Cem. Orville
 18. (a) Signature of funeral director Schrader Funeral Mo.
 (b) Address Ballwin, Mo. Home.
 19. (a) FEB - 3 1941 (b) P. R. Meyer M.D. S. J. S.
 (Date received local registrar) (Registrar's signature)

While at work? _____ (e) Means of injury _____
 23. Signature B. R. Loving M.D. (M. D. or other) Am
 Address Ballwin, Mo. Date signed 2-3-41

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 Thos. Schrader

Licensed Embalmer No. 3066

P. O. Address Dallwin, Mo.

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

If this body is not embalmed, fact should be so stated above.