

No. 2
4-13-40
5-17-39
PI X23159

FILED APR 21 1941

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **2449**

1. PLACE OF DEATH:

(a) County **St. Louis,**
(b) City or town **St. Louis,**
(c) Name of hospital or institution **4815a Maffitt**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME **Andrew F. (Hausz) Hausch**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **488-09-3305**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Frances Hausch** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **November 25 1870**
(Month) (Day) (Year)

8. AGE: Years **70** Months **3** Days **20** If less than one day _____ hr. _____ min.

9. Birthplace **? 4 Poland**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **Lawrence Hausch**

13. Birthplace **? 4 Poland**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Lamski**

15. Birthplace **? 4 Poland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry Hausch**

(b) Address **4815a Maffitt**

17. (a) **Burial** (b) Date thereof **March 20, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **General Funeral Home**

(b) Address **2233 University Street**

19. (a) **APR 18 1941** (b) **J. J. Bredack**
(Date) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis,**
(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **4815a Maffitt** (If rural, give location)
(e) If foreign born, how long in U. S. A.? **56** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **15**
year **1941** hour **10** minute **45** P. M.

21. I hereby certify that I attended the deceased from **March 15, 1941**, to **March 15, 1941**;
that I last saw him alive on **March 15, 1941**, and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Failure**
Hypertensive heart disease

Due to **arteriosclerosis**
Due to **93d**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

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

23. Signature **Henry E. Altbrando** (M.D. or other) _____
Address **4104 1/2 St. Louis, Mo.** Date signed **3-18-41**

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

17
9

20

16
000
17
9

0

Duration 1 1/2

93d

11
95

Dr. Harvey Altheide
4104 St. Louis Ave.
Fr. 5377

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.....

Licensed Embalmer No. 1994

P. O. Address Clayton 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, fact should be so stated above.