

No. 2
4-12-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11855

State File No. _____

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 52

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

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(c) Name of hospital or institution: 1819 N. 3rd St 1
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(d) Street No. 1819 N. 3rd St
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JOHN BAPTIST HAUSAM
(b) If veteran, name war _____
(c) Social Security No. NONE

20. DATE OF DEATH: Month March day 11
year 1941 hour 9 minute - A.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 28th, 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Corners case 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
54 6 13 _____ hr. _____ min.

Immediate cause of death: Acute dilatation of heart
Due to Epilepsy
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace St. Charles Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired
11. Industry or business _____
12. Name Geo. Hausam
13. Birthplace NOT KNOWN
14. Maiden name Maria Spink
15. Birthplace NOT KNOWN

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? _____
(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 _____

16. (a) Informant Mrs. Mary Moore
(b) Address St. Charles Mo.
17. (a) Burial (b) Date thereof Mar. 14, 1941
(c) Place: burial or cremation Baroness Cemetery
18. (a) Signature of funeral director Heekman-Burr
(b) Address 326 N. 6th St - St. Charles, Mo.
19. (a) 3-13-41 (b) Clarence E. Masler
(Date received local registrar) (Registrar's signature)

23. Signature A.P. Erich Schuch
Address St. Charles, Mo. Date signed 3/12/41

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..... *Arthur C. Paul*

Licensed Embalmer No..... *9157*

P. O. Address..... *St Charles*

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.