

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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:  
2326a Montgomery St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 65 yrs. 9 mos. / 100 days  
(Specify whether in this community (months or days))

PRINT NAME Mary J. Hauser  
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Charles J. Hauser 6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased Nov. 28, 1858  
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 26 If less than one day hr. min.

9. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business.....

MOTHER FATHER { 12. Name unknown  
13. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. N. Johnson  
(b) Address 2819 N. 23d St

17. (a) burial (b) Date thereof Sept. 27, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]  
(b) Address 2228 St. Louis Ave

19. (a) SEP 26 1941 (b) J. D. Buddeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis 20 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2326a Montgomery St  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No) no  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24<sup>th</sup>  
year 1941 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from Sept. 23  
1941 to Sept. 24 1941;  
that I last saw him alive on Sept. 24, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to [Signature]  
Due to [Signature]

Other conditions Art. Sclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations [Signature]  
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?.....

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

23. Signature [Signature] (M. D. or other) 0  
Address 4901 E. 1st St Date signed 9/25/41

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

17  
9

**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 *Charles Goodhart*  
Licensed Embalmer No. *2777*  
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, fact should be so stated above.**