

FILED MAR 17 1942

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 1597

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:
3150 Ohio Av. 1
 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 24000
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3150 Ohio Av. 9
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Ludwig Hausermann

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 5. Color of race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Emma Hausermann 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Feb 1 1863
 (Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Machinist

11. Industry or business _____

12. Name Jacob Hausermann

13. Birthplace Germany
 (City, town, & county) (State or foreign country)

14. Maiden name Matrina Fressz

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

16. (a) Informant Emma Hausermann

(b) Address 3150 Ohio Av.

17. (a) Burial (b) Date thereof 2-23-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Cem.

18. (a) Signature of funeral director Will B. D. Nls.

(b) Address 2929 S. Jefferson Av.

19. (a) 21 1942 (b) J. S. Brodecki
 (Date received local registrar?) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
 year 1942 hour 2 minute 15 a. m.

21. I hereby certify that I attended the deceased from Jan 11
1940 to Feb 19 1942;
 that I last saw him alive on Feb 18 1942;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Chronic Duration 2 yrs
Hypertension, Cortic. Regeneration
 Due to Senility

Other conditions (Include pregnancy within 3 months of death) 1/2

Major findings: Of operations _____

Of autopsy _____

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) (Month) of injury

23. Signature J. S. Brodecki (M. D. or other) D
 Address 2320 La Grand Date signed 2-20-42

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

MOTHER FATHER

9990 80. Apprentice
1 E 3 W 111.

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.....
Paul A. Shanklin Registered Apprentice No.....
working under my personal supervision.

Signed *Paul A. Shanklin*
Licensed Embalmer No. *3472*

P. O. Address *9999 8 Jefferson*

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.