

S. No. 2
-1-4-41
5-17-39
K28390

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8673

State File No. _____

BUREAU OF THE CENSUS
FILED APR 13 1942
791

Registration District No. _____

Primary Registration District No. 100

Registrar's No. 2413

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:
3712 Garnier
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 41 years
years, months or days)

3. (a) PRINT FULL NAME Mr. Frank Hausladen

3. (b) If veteran, name war _____
3. (c) Social Security No. 788-08-9698

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

6. (b) Name of husband or wife Linda Boeckelmann Hausladen
6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased February 21, 1887
(Month) (Day) (Year)

8. AGE: Years 55 Months - Days 23
If less than one day hr. _____ min. _____

9. Birthplace Bavaria Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Beer Brewer

11. Industry or business Brewery

12. Name Joseph Hausladen

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Unknown

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Linda Boeckelmann Hausladen
(b) Address 3712 Garnier

17. (a) Burial (b) Date thereof March 17, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden Funeral H.
(b) Address 1936 St. Louis Avenue

19. (a) MAR 17 1942 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 121 000 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 3712 Garnier
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1942 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3-14 1942 to 3-14 1942
that I last saw h. live on 12-19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Tongue and pharynx with metastasis to glands of neck.
Duration _____
Due to Primary in Pharynx
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations as above
Of autopsy none HBF
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) () Means of injury _____
23. Signature Louis J. Deneck (M. D. or other) _____
Address 275 Washington Date signed 3/14/42

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

20

822 (Licensed Embalmer's Statement on Reverse Side) L. H. Jarstad 1/14/42

Dr. L. H. Jorstad
Beaumont Rldg.

Newstead 0870

11-1

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.....

Dale Harness

Registered Apprentice No. *293*

working under my personal supervision.

Signed.....

Delis J. Krispic

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

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.