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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30005 8120

SEP 21 19[illegible] 318
Registration District No.

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:
1949 Maiden Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution /
In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1949 Maiden Lane
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME Mrs. Anna Hauser

3. (b) If veteran, name war none

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 August Hauser

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased November (Month) 29 (Day) 1875 (Year)

8. AGE: Years 67 Months 9 Days 11 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles Bussman
13. Birthplace Ills. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant August Hauser
(b) Address 1949 Maiden Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) SEP 13 1943 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 10, year 1943 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from February 27, 19[illegible], to Sept. 10, 1943 that I last saw her alive on Sept. 10, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac Failure	
Due to Arteriosclerotic Cardiac Disease	About two years
Due to	
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: No
(a) Accident, suicide, or homicide (specify) No
(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 E. J. Schisler, M.D., F.A.C.P. (M.D., or other)
Address 910 Missouri Bldg. Date signed

(Licensed Embalmer's Statement on Reverse Side)

Edwin
Dr. Lehrsler

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.