S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36445

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10379

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: Carrie Geitner Home, 5000 S. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr., 2 months (Specify whether
In this community Life 4
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5000 S. Broadway Ave. 15
(If rural, give location)
(e) Citizen of foreign country? — — (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna Hauser
3. (b) If veteran, name war — —
3. (c) Social Security No. — —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Stanislaus Hauser
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 7. (Day) 1867 (Year)

8. AGE: Years 76 Months 9 Days 18 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Phillip Kaiser
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Scherer
15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Lena Striker
(b) Address 4413 Bingham Avenue
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11 27 43 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director Wachs - Helderle Und. Co.
(b) Address 3634 Gravois Ave.
19. (a) NOV 27 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25
year 1943 hour 7 minute 20 A.M.
21. I hereby certify that I attended the deceased from Oct. 29 1942 to Nov. 25 1943
that I last saw her alive on Nov. 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis
Due to Chronic Arterial hypertension
Due to Arteriosclerosis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 L. C. Herchmeyer (M. D.)
Address 5000 S. Broadway Date signed 11/24/43

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Nyland

Licensed Embalmer No. 2645

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.