DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19785

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5950

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: Christian Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days) In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 5225 Genevieve Avenue (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME KARL J. HAUSER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Elizabeth Hauser (Not Known)

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

7. Birth date of deceased Not Available (Month) (Day) (Year)

8. AGE: Years About 75 Months Days If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER

12. Name Not Available

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

MOTHER

14. Maiden name Not Available

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

16. (a) Informant Hanni Breitler

(b) Address Winchester, Tenn.

17. (a) Birial (Burial, cremation, or removal) (b) Date thereof 6/29/1944 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) JUN 28 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1944 hour 6 minute 20 PM.

21. I hereby certify that I attended the deceased from 6-23-44, 19..., to 6-26-44, 19...; that I last saw him alive on 6-26-44, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Thrombosis of mesenteric artery	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: Strangulated ventral hernia
Of autopsy: Thrombosis of mesenteric artery

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 [illegible] (M.D. or other) MD

Address 5074 N. Union Date signed 6-28-44

(Licensed Embalmer's Statement on Reverse Side)

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

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 Gustav W. Dietele

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo.

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

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