No. 2
—1/47
5-17-39

#76383

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2602

Registrar's No. 819

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starklofff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 3629 Louisiana
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE HAUS
3. (b) If veteran, name war No.
3. (c) Social Security No. 489-16-4045
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Rebbeca Haus
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April, 26, 1884 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	9	0	hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Leborer
11. Industry or business
FATHER
12. Name John Haus
13. Birthplace St. Genievieve, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Barbara Biebel
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Anna Barthelmass
(b) Address 3629 Louisiana
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus Cemetery
18. (a) Signature of funeral director Witt Bros. L. & U. Co.
(b) Address 2929 S. Jefferson Ave.
19. (a) JAN 27 1948 (Date received by local registrar) (b) J. F. Breden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26th year 1948 hour 11 minute 20 A. M.
21. I hereby certify that I attended the deceased from 12/23/47, 19, to Jan 26th, 1948 that I last saw him alive on Jan 26th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	10 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 J. H. Hardin M.D.
Address 1515 Lafayette Date signed 1/26/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Davis Registered Apprentice No., working under my personal supervision.

Signed Ed F. Witt.

Licensed Embalmer No. 2117

P. O. Address

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.