FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

20941

State File No. 5682

FILED JUL 3 1948

Registration District No. 318

Primary Registration District No. 1005

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: 3312a Utah St.
(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 Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3312a Utah St. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 16 0

If yes, name country

3. (a) PRINT FULL NAME MARY HAUSER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 9

6. (b) Name of husband or wife Late William

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

7. Birth date of deceased Aug. (Month) 13 (Day) 1858 (Year)

8. AGE: Years 89 Months 10 Days 10 If less than one day hr. min.

9. Birthplace (City, town, or county) France (State or foreign country) 5

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name John Thiebault

13. Birthplace (City, town, or county) France (State or foreign country) 5

14. Maiden name Unknown

15. Birthplace (City, town, or county) France (State or foreign country) 5

16. (a) Informant William R. Hauser

(b) Address 3312a Utah St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-48 (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) JUN 24 1948 (Date received for record) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1948 hour 1:55 minute A.M.

21. I hereby certify that I attended the deceased from December 19 48 to June 22 19 48 that I last saw her alive on June 21, 19 48 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary occlusion

Due to Arteriosclerotic, hypertensive Cardio-vascular Disease

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 Victor H. Fischer (M. D. or other) MD

Address 3608 So. Grand Date signed 6/23/48

Jefferson City Printing Co.

(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 Richard W. Stoversand

Licensed Embalmer No. 4007

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.