

06  
47  
39  
008

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

Registration District No. **277**

Primary Registration District No. **6076**

**1. PLACE OF DEATH:**

(a) County **St. Louis**  
(b) City or town **Rural Meramec**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Catherton road**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
In this community **47 years** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Rural Glencoe, R# 1**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Catherton road**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**3: (a) PRINT FULL NAME**

**John Gust Haussels**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Anna Haussels**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **October 12, 1869**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **8** Days **15**  
If less than one day hr. min.

9. Birthplace **St. Louis County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Own farm**

MOTHER FATHER

12. Name **Wm. Haussels**

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

14. Maiden name **Louise Berding**

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

16. (a) Informant **Mrs. Anna Haussels**

(b) Address **Glencoe, Mo. R# 1**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6/29/48**  
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Paul Ev. Luth. Cem., Orville, Mo.**

18. (a) Signature of funeral director **Schrader Funeral Home**

(b) Address **Ballwin, Mo.**

19. (a) **6-28-48** (Date received local registrar) (b) **W. J. Haussels** (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **June** day **27**, year **1948** hour **12** minute **50** A. M.

21. I hereby certify that I attended the deceased from **June 26**, 19**48** to **June 27**, 19**48** that I last saw him alive on **June 26**, 19**48** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**  
Due to **Arterio-sclerosis - general**  
Due to **87**

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **C**  
Signature **Wm. F. Scott** (M. D. or other) **M.D.**  
Address **Ballwin Mo.** Date signed **June 28, 48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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 *Harry F. Schrader*

Licensed Embalmer No. *2091*

P. O. Address. *Bullwin 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.**