

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27788

State File No. _____

FILED AUG 23 1948
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6949**

1. PLACE OF DEATH:

(a) County _____
(b) City or town Mo. Pacific Hospital & ~~Kennel~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Albert Miller Hauss

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 348-05-5724

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sophia A Simon 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Dec. 4, 1889
(Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 3 If less than one day
hr. _____ min. _____

9. Birthplace East St. Louis, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Clerk

11. Industry or business _____

12. Name Herman Hauss
13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Miller
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Burke
(b) Address East St. Louis, Ill

17. (a) Burial (b) Date thereof Aug. 10, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mr. Hope

18. (a) Signature of funeral director Chas Burke
(b) Address East St. Louis, Ill

19. (a) AUG 8 - 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town East St. Louis, Ill
(If outside city or town limits, write "RURAL")
(d) Street No. 622 N. 24th
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 7
year 48 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from 7-28
1948 to 8-7 1948
that I last saw him alive on 8-6-48
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 week

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Arterios Coronary Thrombosis

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) (c) Means of injury _____

23. Signature Chas Burke (M. D. or other) MD
Address Mr. Hope Date signed 8-10-48

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

MOTHER FATHER

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..... *Chas M. Burke*

Licensed Embalmer No. *2421*

P. O. Address. *East St Louis 2*

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.