No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1948

Registration District No. 3169

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 42013

Registrar's No. 2789

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

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town RICHMOND HEIGHTS,
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: ST. MARYS HOSPITAL
(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 ____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5072 MILENTZ
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME JOHANNA HOUSMAN
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex FE.
5. Color or race W.
6. (a) ~~Single~~, widowed, ~~married~~, divorced W
6. (b) Name of husband or wife ALFRED W. HOUSMAN
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased JULY (Month) 30 (Day) 1888 (Year)
8. AGE: Years 60 Months 4 Days 1 If less than one day ____ hr. ____ min.
9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ____
MOTHER FATHER
12. Name BERNARD BUDDING
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name FRANCES UNKNOWN
15. Birthplace HOLLAND (City, town, or county) (State or foreign country)
16. (a) Informant Alfred Housman
(b) Address 5072 Milentz
17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof Dec 4-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ NEW ST. MARCUS
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Ave.
19. (a) 12-2-48 (Date received local registrar) (b) Thurid Schmiegen MD (Registrar's signature) MSH

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1 year 1948 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from Oct. 14, 1948 to Dec 1, 1948; that I last saw h. alive on Dec 1, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	48 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

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 Wm. C. MacDonald (M. D. ~~or other~~)
Address 539 N. Francis Date signed 12-2-48

(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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.

No. 2B
—3-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Jan

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2789

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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 (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Johanna Hausman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July 30 1888
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days If less than one day hr. min.

9. Birthplace (City, town, or county) 110 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

5-42013