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

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 21125

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5243

**1. PLACE OF DEATH**
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4320 West Florissant Ave

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 000
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. LOuis 17
d. STREET ADDRESS (If rural, give location): 4320 West Florissant Ave 9

**3. NAME OF DECEASED** (Type or Print)
a. (First): John
b. (Middle): G.
c. (Last): Haueisen

**4. DATE OF DEATH** (Month) June (Day) 15 (Year) 1949

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Nov. 26, 1875
**9. AGE** (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): St. Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Jacob Haueisen
**13b. MOTHER'S MAIDEN NAME**: Magadelein Fischer
**14. NAME OF HUSBAND OR WIFE**: Kate Haueisen

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Mrs. Kate Haueisen 4320 West Florissant

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**: 0
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): 0
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.):
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): 1 St. Lo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.: 0
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 2442X

22. *I hereby certify that I attended the deceased from* 6/18, 1948, *to* 6/15, 1949, *that I last saw the deceased alive on* 6/15, 1949, *and that death occurred at* 11:50A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): H. Eckerhoff M.D.
**23b. ADDRESS**: 634 N. Grand
**23c. DATE SIGNED**: 6/16/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: June 18, 1949
**24c. NAME OF CEMETERY OR CREMATORY**: New Bethlehem Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Missouri

**DATE REC'D BY LOCAL REG.**: JUN 17 1949
**REGISTRAR'S SIGNATURE**: J B Lasater
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Math. Hermann & Son, Inc. 2161 E. Fair Av

(Licensed Embalmer's Statement on Reverse Side)

JUL 17 1951

AUG 31 1945

## 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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Wilford G Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.