

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28794

State File No.

BIRTH NO. 62153-49 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 19821

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rail Hts Mo</u>	c. LENGTH OF STAY (If this place) <u>7 hr</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Glendale Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Sr Marys Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>976 Nancy Carmel Lane</u>	
3. NAME OF DECEASED a. (First) <u>BABY</u> b. (Middle) <u>HAUSS</u> c. (Last) <u>FEMALE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 15 1949</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Aug 15 1949</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>10</u> <u>0</u> UNDER 1 YEAR Months Days <u>10</u> HOURS MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. NAME OF HUSBAND OR WIFE	
13a. FATHER'S NAME <u>John Hauss</u>		13b. MOTHER'S MAIDEN NAME <u>Eileen Niesemeyer</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		15. SOCIAL SECURITY NO. <u>---</u>	
16. INFORMANT'S SIGNATURE OR NAME <u>John Hauss</u>		17. ADDRESS <u>Glendale Mo</u>	
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 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital atelectasis</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 minutes</u> ANTECEDENT CAUSES DUE TO (b) <u>Prematurity</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Placenta previa sentalis c. maternal hemorrhage</u> <u>7625</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>8:15</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>8/15</u> , 19 <u>49</u> , to <u>8/15</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8/15</u> , 19 <u>49</u> , and that death occurred at <u>7:50 p. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Vernon L. Charles, M.D.</u>		23b. ADDRESS <u>4952 Maryland</u>	
23c. DATE SIGNED <u>8/16/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried Aug 17-1949</u>	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Mc Carmel Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Belleville Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson J. ...</u>	
25. DATE REC'D BY LOCAL REG. <u>8-16-49</u>		25. REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>	
25. REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE	

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

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Handwritten notes and signatures, including "HARRIS" and "REMOVED".

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 Not Embalmed
Art Bowles

Licensed Embalmer No. _____

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.

Handwritten notes and signatures at the bottom of the page.