S. No. 300
v. 10.48

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FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28795

State File No.

BIRTH NO. 62 PK 4-49 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1983

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN Ricketts Mo
c. LENGTH OF STAY (In this place) 7 hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Mary's Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Mo
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glendale Mo
d. STREET ADDRESS (If rural, give location) 696 Nancy Carroll Lane

3. NAME OF DECEASED (Type or Print)
a. (First) BABY
b. (Middle) HAUSS
c. (Last) FEMALE B

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

5. SEX female "B"
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) U
8. DATE OF BIRTH Aug 15-1949
9. AGE (In years last birthday) — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min. 15
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) St Louis Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Hauss
13b. MOTHER'S MAIDEN NAME Eileen Wiegmeyer
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME John Hauss **ADDRESS** Glendale Mo

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) Congenital Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 56 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prematurity

DUE TO (c) Placenta previa centralis

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* c Maternal hemorrhage — N.S.S.

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

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) a.m. p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-15, 1949, *to* 8-15, 1949, *that I last saw the deceased alive on* 8-15, 1949 *and that death occurred at* 7:44 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Vincent L. Eberle (Degree or title) M.D.
23b. ADDRESS 4962 Maryland
23c. DATE SIGNED 8/16/49

24a. BURIAL, CREMATION, REMOVAL: (Specify) Interred
24b. DATE Aug 17 1949
24c. NAME OF CEMETERY OR CREMATORY Mt Carmel Cem
24d. LOCATION (City, town, or county) (State) Bellefontaine Ill

DATE REC'D BY LOCAL REG. 8-16-49
REGISTRAR'S SIGNATURE Bernard R. Henderson
25. FUNERAL DIRECTOR'S SIGNATURE Watson Bryan
ADDRESS 6736 Clayton Rd Ren Hills Mo

(Licensed Embalmer's Statement on Reverse Side)

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

G4-65

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
A H Brockman

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.