

STANDARD CERTIFICATE OF DEATH

FILED NOV 4 1949

State File No. 4195 Registrar's No. 4195

No. 300 10.48

96 34

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

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066

1. PLACE OF DEATH
 a. COUNTY **ST. LOUIS**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **KIRKWOOD**
 c. LENGTH OF STAY (in this place) **5 yrs.**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **551 McCLAY**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Mo.**
 b. COUNTY **St. Louis**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **68 TOWN Kirkwood**
 d. STREET ADDRESS (If rural, give location) **551 McCLAY**

3. NAME OF DECEASED
 a. (First) **HERBERT**
 b. (Middle) **S.**
 c. (Last) **HAUSER**

4. DATE OF DEATH (Month) (Day) (Year) **Oct 19 1949**

5. SEX **M**
 6. COLOR OR RACE **W**
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**
 8. DATE OF BIRTH **Jan 27, 1899**
 9. AGE (In years last birthday) **50**
 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **INSPECTOR**
 11. BIRTHPLACE (State or foreign country) **North Carolina**
 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Byron B. Hauser**
 13b. MOTHER'S MAIDEN NAME **Rosa E. Vestal**
 14. NAME OF HUSBAND OR WIFE **Bess**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **yes**
 16. SOCIAL SECURITY NO. **505-07-7564**
 17. INFORMANT'S SIGNATURE OR NAME **Bess Hauser**
 ADDRESS **Kirkwood Mo**

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **myocardial infarction**
 ANTECEDENT CAUSES **Coronary arteriosclerosis**
 *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS **Diabetes mellitus**
 Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH **4 years**
4201
10+ years

19a. DATE OF OPERATION _____
 19b. MAJOR FINDINGS OF OPERATION **420.1**
 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____
 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____
 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
 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 **June 19 1948**, to **Oct 29 1949**, that I last saw the deceased alive on **Oct 19 1949**, and that death occurred at **11:30 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Robert C. Kingland D. M. D.**
 23b. ADDRESS **31 North Brentwood Blvd Clayton 5**
 23c. DATE SIGNED **Oct 20, 1949**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial**
 24b. DATE **10/21/49**
 24c. NAME OF CEMETERY OR CREMATORY: _____
 24d. LOCATION (City, town, or county) (State) **Omaha Nebraska**

DATE REC'D BY LOCAL REG. **10-20-49**
 REGISTRAR'S SIGNATURE **Herbert B. Womack**
 FUNERAL DIRECTOR'S SIGNATURE **Wm. Meyer Pfleger**
 ADDRESS **Kirkwood Mo.**

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William H. Pfitzinger

Licensed Embalmer No. 4316

P. O. Address Kirkwood, Mo

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.