

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4072

2142  
2

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived, or 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) OR TOWN <u>Fulton</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Johns</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1</u> e. STREET ADDRESS (If rural, give location) <u>St Charles Road Road</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALFRED</u> b. (Middle) _____ c. (Last) <u>HAUSER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 26 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Feb 5 1863</u>
9. AGE (In years last birthday) <u>87</u> 10. MONTHS <u>0</u> 11. DAYS <u>21</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Butcher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>meat shop</u>	
11. BIRTHPLACE (State or foreign country) <u>Switzerland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Fredrich Hauser</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Weber</u>	
13c. NAME OF HUSBAND OR WIFE <u>Mary Hauser</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Hauser</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>AK</u>		16. SOCIAL SECURITY NO. <u>AK</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>State Hos records</u>		17. ADDRESS <u>Fulton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypo pneumonia</u> <u>Chr myocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>422</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	
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>2-20</u> , 19 <u>50</u> to <u>2-26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-26</u> , 19 <u>50</u> and that death occurred at <u>12:33</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J.C. Caldwell</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>State Hos #1 Fulton Mo</u>	
23c. DATE SIGNED <u>2-26-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Mar 6 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home</u>	
25. ADDRESS <u>Fulton, Mo</u>		DATE REC'D BY LOCAL REG. <u>Feb 26 1950</u>	
REGISTRAR'S SIGNATURE <u>Moretta Lawrence</u>		F426	

District Registration Number  
District Health Officer No. 9  
RECEIVED  
MAR 6 1950

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Denzil C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Fulton, Md.*

**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.