

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14603

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3876**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis, Mo.,		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, TOWN University City (14). 4351	
3. NAME OF DECEASED (Type or Print) EUGENE NORTHUTT		d. STREET ADDRESS (If rural, give location) 1310 Midland Avenue,	
a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EUGENE	NORTHUTT	HAUS.	April 26, 1950.
5. SEX Male.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH July 4, 1896.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman.		10b. KIND OF BUSINESS OR INDUSTRY Lumber.	9. AGE (In years last birthday) 53.
11a. FATHER'S NAME Andrew J. Haus.		11b. MOTHER'S MAIDEN NAME Villa Northcutt.	11c. NAME OF HUSBAND OR WIFE Adaline M. Haus.
12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman.		12b. KIND OF BUSINESS OR INDUSTRY Lumber.	12c. BIRTHPLACE (State or foreign country) St. Joseph, Missouri.
13a. FATHER'S NAME Andrew J. Haus.		13b. MOTHER'S MAIDEN NAME Villa Northcutt.	13c. NAME OF HUSBAND OR WIFE Adaline M. Haus.
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		15. SOCIAL SECURITY NO. 494-09-4224	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		17. INFORMANT'S SIGNATURE OR NAME Mrs E. N. Haus, 1310 Midland Ave.,	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infection of Myocardium		19. MEDICAL CERTIFICATION	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Thrombosis of Coronary Artery	
DUE TO (c) Hypertensive heart disease		DUE TO (c) Hypertensive heart disease	
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 da	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		23. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Missouri	
24. TIME OF INJURY (Month) (Day) (Year) (Hour)		25. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
26. HOW DID INJURY OCCUR?		27. DATE SIGNED 4/20/50	
28. I hereby certify that I attended the deceased from Jan 19, 1948, to April 26, 1950, that I last saw the deceased alive on April 26, 1950, and that death occurred at Five p. m., from the causes and on the date stated above.		29. SIGNATURE Ray David Williams (Degree or title) M.D.	
30. BIRTHPLACE (State or foreign country) U.S.A.		31. ADDRESS 114 W Taylor St. Louis Mo 27650	
32. BURIAL, CREMATION, REMOVAL (Specify) Burial.. 11		33. DATE 4/29/50.	
34. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery.		35. LOCATION (City, town, or county) (State) St. Louis County, Missouri.	
36. DATE REC'D BY LOCAL REG. APR 27 1950		37. REGISTRAR'S SIGNATURE R B Sasater	
38. FUNERAL DIRECTOR'S SIGNATURE C. R. Linton & Sons		39. ADDRESS 7233 Delmar Blvd.,	

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

#114 No. 1aylor Ave.
JE: 8600.

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.