No. 300
10.48

FILED DEC 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 38593

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10066

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3957 Federer Pl.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis,Mo. 2019
d. STREET ADDRESS (If rural, give location) 3957 Federer Pl.

3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL b. (Middle) c. (Last) HAUSLADEN

4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 12,1870
9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months 7 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Brewer
10b. KIND OF BUSINESS OR INDUSTRY Hyde Park Brewery
11. BIRTHPLACE (State or foreign country) Bavaria,Germany
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Joseph Hausladen
13b. MOTHER'S MAIDEN NAME THERESA ~~Unknown~~ Woods
14. NAME OF HUSBAND OR WIFE MATILDA ~~Mathilda~~ Hausladen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME MATILDA ~~Mathilda~~ Hausladen ADDRESS 3957 Federer Pl.

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) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 332X

22. I hereby certify that I attended the deceased from Nov 12, 1947, to Nov 26, 1950, that I last saw the deceased alive on Nov 25, 1950, and that death occurred at 10:20 A m., from the causes and on the date stated above.

23a. SIGNATURE Samuel B Grant (Degree or title) M.D.
23b. ADDRESS 114 N. Taylor
23c. DATE SIGNED 11/27/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-28-50
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
24d. LOCATION (City, town, or county) (State) St.Louis Co., Mo.

DATE REC'D BY LOCAL REG. NOV 27 1950
REGISTRAR'S SIGNATURE J.B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser-4228 S.Kingshighway Bk.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Richard W. Storm

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 385935.50
Local Registrar's No. 10066

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth death
for Micahel Hausladen, died ~~born~~ 11-26-1950, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 13b should read Theresa Woods
Instead of Unknown
Item No. 17 should read Matilda Hausladen
Instead of
Item No. 14 should read Matilda
Instead of
Item No. ..... should read .....
Instead of
Item No. ..... should read .....
Instead of
Item No. ..... should read .....
Instead of
Item No. ..... should read .....
Instead of
Item No. ..... should read .....
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frank T. Deters — Fun. Dir
Relationship.

4228 S. Kingshighway
Present Address.

Subscribed and sworn to before me this 2 day of Jan, 1951

My Commission expires 3-4-53 — Ethel Parlock, Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
4-43
X36667