

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10178

FILED MAR 22 1951

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2336**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>69 yrs</b>		2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>		f. STREET ADDRESS (If rural, give location) <b>4261 N. 21st St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Tda</b> b. (Middle) c. (Last) <b>Hausstette</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 11 1951</b>
---------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Oct. 19, 1881</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
-------------------------	----------------------------------	--------------------------------------------------------------------------------	------------------------------------------	----------------------------------------------	---------------------------	--------------------------	-------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Whlse. Mdse.</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
---------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------	--------------------------------------------------------------	----------------------------------------------

13a. FATHER'S NAME <b>Herman Hausstette</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Moellering</b>	14. NAME OF HUSBAND OR WIFE <b>Nil</b>
------------------------------------------------	-----------------------------------------------------	-------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>493-09-3085</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Eugene Hausstette</b>	ADDRESS <b>4415a Red Bud</b>
-----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------	---------------------------------------------------------------	---------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES		DUE TO (b)		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>Coronary Occlusion</b>		
DUE TO (c)		<b>Coronary Sclerosis</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H-201</b>
------------------------------------------------------	--------------------------------------------------------------------------------------------------------	--------------------------------------------

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **805A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b>3rd Deputy Coroner</b>	23b. ADDRESS <b>1800 Clark</b>	23c. DATE SIGNED <b>3/13/51</b>
--------------------------------------	------------------------------------------------	-----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/14/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Friedens Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
------------------------------------------------------------	-----------------------------	----------------------------------------------------------------	-----------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <b>MAR 13 1951</b>	REGISTRAR'S SIGNATURE <b>J. B. [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Suedmeyer &amp; Sons</b>	ADDRESS <b>3934 N. 20th St.</b>
------------------------------------------------	---------------------------------------------------	-----------------------------------------------------------------	------------------------------------

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.....

*Neville B. Frohwitter*

Signed.....

Student Embalmer

Licensed Embalmer No. 3696

P. O. Address 3934 N. 20th ST.

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.