

No. 300  
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FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21683**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2413

4000  
42

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY OR TOWN <b>Ellisville</b>	c. LENGTH OF STAY (in this place) <b>2 Months</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2199</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sunset Sanitarium</b>		d. STREET ADDRESS (If rural, give location) <b>17 2136 Maury Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>EDWIN G. (HAUSHERR) HAUSER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 11 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sep't. 30, 1895</b>		9. AGE (In years last birthday) <b>55</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman-Ely - Walker Dry Goods Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis, Mo.</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>John Hausherr</b>	13b. MOTHER'S MAIDEN NAME <b>Christina Weber</b>	14. NAME OF HUSBAND OR WIFE <b>Helen Hauser</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>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Helen Hauser</b> ADDRESS <b>2133 Maury Ave.</b>

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) <b>Dementia Praecox</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Arteriosclerosis of Meningeal arteries yrs.</b> <b>DUE TO (c) Paralysis of lower colon</b>		INTERVAL BETWEEN ONSET AND DEATH <b>20 yrs.</b>
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 <b>3244</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 6-1, 1951, to 6-11, 1951, that I last saw the deceased alive on 6-11, 1951, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Hollis Rheinberger</b> (Degree or title) <b>D.O.</b>	23b. ADDRESS <b>654 N. Kirkwood Rd., Kirkwood 22, Mo.</b>	23c. DATE SIGNED <b>6-12-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 14, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cem.</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b> ADDRESS <b>4228 S. Kingshighway Bl.</b>	
DATE REC'D BY LOCAL REG. <b>6-12-51</b>	REGISTRAR'S SIGNATURE <b>Herbert P. ...</b>	

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. Stover*

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.