

STANDARD CERTIFICATE OF DEATH

State File No. 10026 Registrar's No. 10026

No. 300 10.48

FILED DEC 1 1951

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY 5800 Arsenal St. b. CITY St. Louis, Mo. c. LENGTH OF STAY 7 yr, 8 mo. d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital

2. USUAL RESIDENCE a. STATE Missouri. b. COUNTY St. Louis, Mo. c. CITY St. Louis, Mo. d. STREET ADDRESS 5600 Arsenal St.

3. NAME OF DECEASED a. (First) Henry b. (Middle) Hauser c. (Last) Hauser 4. DATE OF DEATH Nov. 11, 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widower 8. DATE OF BIRTH Dec. 23, 1870 9. AGE 80 yrs

10a. USUAL OCCUPATION Retired waiter 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Switzerland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Oswald Hauser. 13b. MOTHER'S MAIDEN NAME Catherine Knobel 14. NAME OF HUSBAND OR WIFE Henrietta Deruntz.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Russell J. Bollin ADDRESS 5817 Patmore H

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Lymphatic Leukemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Secondary anemia

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [X] 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 (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from June 1945, to Nov. 11, 1951, that I last saw the deceased alive on Nov. 11, 1951, and that death occurred at 6:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE William M. Sweeney M.D. (Degree or title) 23b. ADDRESS 5600 Arsenal Street 23c. DATE SIGNED 11/11/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 24b. DATE Nov. 13, 1951 24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. NOV 13 1951 REGISTRAR'S SIGNATURE J. Earl Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Witt Bros. Liv. & Und. Co. ADDRESS 2929 S. Jefferson Av.

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed A. M. Davis .....

Licensed Embalmer No. 3741 .....

P. O. Address 2929 Jefferson .....

**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.