

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15779**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4289**

FILED MAY 14 1953
BIRTH NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis Co	
b. CITY OR TOWN ST. LOUIS	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bellridge Mo. 4180	d. STREET ADDRESS (If rural, give location) 2914 Carson Road
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) ELLEN	c. (Last) HAUSMAN	4. DATE OF DEATH (Month) (Day) (Year) 4 / 25 53
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 11, 1891.	9. AGE (in years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ind.	12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME ? DeBusk	13b. MOTHER'S MAIDEN NAME Mary E. Boyle	14. NAME OF HUSBAND OR WIFE Charles J. Hausman Dec.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 489-03-6911	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles J. Hausman 2914 Carson Dr

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
	ANTECEDENT CAUSES DUE TO (b) Rheumatic heart disease with congestive heart failure		
	DUE TO (c)		
11. 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 <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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 416X

22. I hereby certify that I attended the deceased from **4/23**, 19**53**, to **4/25**, 19**53**, that I last saw the deceased alive on **4/25**, 19**53**, and that death occurred at **2:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE FR Brando	(Degree or title) M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 4/25/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 28/53	24c. NAME OF CEMETERY OR CREMATORY Oakgrove Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. APR 27 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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

John J. Hennehy

Licensed Embalmer No. *4194*

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.