

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37897**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2579**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellisville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellisville	
c. LENGTH OF STAY (in this place) 92 yrs.		d. STREET ADDRESS (If rural, give location) Manchester Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Rd		4. DATE OF DEATH (Month) (Day) (Year) Sept 30 1953	

3. NAME OF DECEASED (Type or Print) a. (First) Wilhelmina b. (Middle) C. c. (Last) Haussels			4. DATE OF DEATH (Month) (Day) (Year) Sept 30 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Oct. 15,	9. AGE (in years last birthday) 92	# UNDER 1 YEAR Months 11 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Carl Haussels		13b. MOTHER'S MAIDEN NAME Wilhelmina Sichelschmidt		14. NAME OF HUSBAND OR WIFE none	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl Haussels Sherman, Mo.	

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) Myocardial failure			INTERVAL BETWEEN ONSET AND DEATH 6 weeks
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial pneumonia			
		DUE TO (c) Senility			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			491X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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 **Jan 22, 1953**, to **Sept 30, 1953**, that I last saw the deceased alive on **Sept 30, 1953**, and that death occurred at **7:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Steven F. Scott M.D.		23b. ADDRESS Ballwin Mo.		23c. DATE SIGNED 10/2/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/3/53		24c. NAME OF CEMETERY OR CREMATORY St. John Lutheran	
				24d. LOCATION (City, town, or county) (State) Ellisville Mo.	

DATE REC'D BY LOCAL REG. 10/3/53		REGISTRAR'S SIGNATURE Michael R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home Ballwin, Mo.	
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Richard Bopp

Licensed Embalmer No.

4584

P. O. Address

Ballwin, 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.