

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31863

State File No. _____

FILED SEP 21 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8184

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>		2170	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2505⁹ Minnesota Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>2505⁹ Minnesota Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elisabeth</u> b. (Middle) c. (Last) <u>Hausmann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 5, 1899</u>
9. AGE (In years last birthday) <u>75</u>		10. UNDER 1 YEAR Months Days	11. IF UNDER 15 Hrs. Mtn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>
12. CITIZEN OF WHAT COUNTRY? <u>U</u>		13a. FATHER'S NAME <u>UNKNOWN</u>	
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Hausmann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Karl Hausmann</u>		ADDRESS <u>8908 Oneida Lane</u>	
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) <u>Cancer of Stomach</u> INTERVAL BETWEEN ONSET AND DEATH PRECEDENT CAUSES DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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? <u>15.1X</u>		22. I hereby certify that I attended the deceased from <u>9/9</u> , 19 <u>53</u> , to <u>9/5</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9/1</u> , 19 <u>54</u> , and that death occurred at <u>1</u> p. m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Dr. C. H. Haver, M.D.</u>		23b. ADDRESS <u>3012 Lafayette</u>	
23c. DATE SIGNED <u>9/6/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>9-8-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Pickers Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Smith</u>	
DATE REC'D BY LOCAL REG. <u>SEP 7 1954</u>		ADDRESS <u>2. v. H. G. 2927 S. Jefferson</u>	

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.....

Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address 2929 S. 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.