

FILED MAR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11399

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 541 Registrar's No. 646

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. CITY OR TOWN University City	
c. LENGTH OF STAY (In this place) 3 D.O.A.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. St. Louis CO Hospt.		e. STREET ADDRESS (If rural, give location) 6400 Bartmer Ave.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) Jesse	b. (Middle) C	c. (Last) Hauther	(Month) 3	(Day) 6	(Year) 57			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-18-1884	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	IF UNDER 1 HRS. Hours 0	IF UNDER 15 MIN. Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Emp.		10b. KIND OF BUSINESS OR INDUSTRY Cleaning Co.		11. BIRTHPLACE (City and State or Foreign Country) Ind.		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Jake Hauther	13b. MOTHER'S MAIDEN NAME UNK	14. NAME OF HUSBAND OR WIFE Charlotte Hauther
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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. 494 07 6588	17. INFORMANT'S SIGNATURE OR NAME Charlotte Hauther	ADDRESS 6400 Bartmer Ave.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung		
	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 Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 163x	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from 3/6, 1957, to 3/6, 1957, that I last saw the deceased alive on 3-6-, 1957, and that death occurred at 7:48p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph G. Ernst MD	23b. ADDRESS 601 So. Brentwood	23c. DATE SIGNED 3/7/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-9-57	24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co, Mo.
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DATE REC'D BY LOCAL REG. 3/8/57	REGISTRAR'S SIGNATURE Robert B. Donk	25. FUNERAL DIRECTOR'S SIGNATURE J.W. Clark	ADDRESS F.H. 1125 Hodiamont Ave.
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(Licensed Embalmer's Placement 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.....
Signature of Student Embalmer

Signed *Elmo T. Jodwell*.....

Licensed Embalmer No. *4077*

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.