

Health, Welfare, Public Service

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007315
STATE FILE NUMBER

FILED MAR 5 - 1958

318

1003

2230
REGISTRAR'S NO.

Registration District No. Primary Registration District No. Registrar's No.

| | | | | | | | |
|--|----------------------------|---|--|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>ST. LOUIS</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BESLOGE HOSP.</u> | | | Length of stay in lb | | | d. STREET ADDRESS (If outside, give location) <u>2310 1837 SO. 13TH ST.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>MARIE</u> Middle Last <u>HAUSLER</u> | | | | 4. DATE OF DEATH Month <u>2</u> Day <u>23</u> Year <u>58</u> | | | |
| 5. SEX <u>F.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>12-8-1880</u> | | 9. AGE (In years last birthday) <u>77</u> | |
| 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 <u>AT HOME</u> | | 11. BIRTHPLACE (City and state or country) <u>HUNGARY</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>JOSEPH FISCHER</u> | | | | 14. MOTHER'S MAIDEN NAME <u>MARGARET UNKNOWN</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT Address <u>JOSEPH HAUSLER 5731 ITASKA</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction & shock.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis with</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>420.0</u> | | | | |
| 20c. TIME OF INJURY Hour <u>10:52</u> Month, Day, Year | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | | COUNTY STATE |
| 21. I attended the deceased from <u>2/20/58</u> to <u>Feb 23, 1958</u> and last saw her alive on <u>Feb 23, 1958</u> Death occurred at <u>10:52</u> A.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 22a. SIGNATURE (Degree or title) <u>Arthur D. Bankson M.D.</u> | | | | 22b. ADDRESS <u>1325 52 Grand</u> | | 22c. DATE SIGNED <u>2/24/58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>2-26-1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>S/S PETER & PAUL CEM.</u> | | 23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u> | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>KRIEGSHAUSER 4228 SKINGSHIGHWAY</u> | | | 25. DATE RECD. BY LOCAL REG. <u>FEB 24 '58</u> | | 26. REGISTRAR'S SIGNATURE <u>J. Carl Smith MO</u> <u>m.f.s.</u> | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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... *Richard W. Stover*

Licensed Embalmer No. *40*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.