

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015889

STATE FILE NUMBER
4280

FILED MAY 1 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4280

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison <i>8120</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN Collinsville	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) 3301 College Avenue	
Length of stay in 1b 6 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JACOB Middle NMN Last HAUSER			4. DATE OF DEATH APRIL 17, 1958 Month Day Year		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 7, 1883	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 9 Day 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer-Hunter Packing Company		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Austria		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME John Hauser			13b. MOTHER'S MAIDEN NAME Anna Kolar			14. NAME OF HUSBAND OR WIFE Anna Hauser		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 329-10-6844A		17. INFORMANT Frank Hauser-E. St. Louis, Illinois	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE RENAL FAILURE			INTERVAL BETWEEN ONSET AND DEATH 6 DAYS
DUE TO (b) MYOCARDIAL INFARCTION			
DUE TO (c) CORONARY ARTERIOSCLEROSIS <i>420.1H</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) LYMPHOSARCOMA 3 YRS. CARCINOMA OF PROSTATE 2 YRS.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <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 APRIL 11, 1958 to APRIL 17, 1958 and last saw her/him alive on APRIL 17, 1958 Death occurred at 7:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
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22a. SIGNATURE <i>E. O. Vermillion, M.D.</i> (Degree or title) M. D.		22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 4/18/58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-12-58		23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery		23d. LOCATION (City, town, or county) (State) Belle ville, s. Illinois	
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24. FUNERAL DIRECTOR <i>John St. Louis</i> St. Louis, Illinois		25. DATE RECD. BY LOCAL REG. APR 19 '58		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith - md</i>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. *Not Embalmed*

Student
Signature of Student Embalmer

Signed *Joseph J. Gault*

Licensed Embalmer No. *7541*

P. O. Address *E. 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.