

FILED MAY 14 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016789

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1235

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
33 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. Mary's Hosp</u>			Length of stay in lb <u>2 days</u>		d. STREET ADDRESS (If outside, give location) <u>8729 PARK LANE</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>MILTON</u> Middle <u>L.</u> Last <u>Haeuser</u>				4. DATE OF DEATH Month <u>5</u> Day <u>4</u> Year <u>1958</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>6-10-1903</u>		9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tariff Compiler</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>SW. Freight Bureau</u>			11. BIRTHPLACE (City and state or country) <u>ST. LOUIS MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>				
13a. FATHER'S NAME <u>LOUIS HAEUSER</u>			13b. MOTHER'S MAIDEN NAME <u>SUSAN STUDDT</u>			14. NAME OF HUSBAND OR WIFE <u>RUTH</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>None</u>			17. INFORMANT <u>RUTH HAEUSER</u>			Address <u>8623 PARK LANE</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>Coronary Thrombosis</u> <u>Arteriosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>4200</u> DUE TO (c) <u>4200</u>								INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hours</u> <u>Unknown</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>4 p.</u> Month, Day, Year a.m. <u>5-7-58</u> 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 <u>May 3 1958</u> , to <u>May 4 1958</u> and last saw her alive on <u>May 4 1958</u> Death occurred at <u>4 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>James C Redington M.D.</u> (Degree or title)					22b. ADDRESS <u>Clayton 5 Mr</u> <u>950 Francis Place</u>				22c. DATE SIGNED <u>5-5-58</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or country)			(State)			
<u>Burial</u>		<u>5-7-58</u>		<u>ST. Peters Cem</u>			<u>ST. LOUIS Co</u>			<u>MO</u>			
24. FUNERAL DIRECTOR <u>A. Knox</u>			ADDRESS <u>2707 N. Grand.</u>			25. DATE RECD. BY LOCAL REG. <u>5-5-58</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>					

(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.

Doctor, Coroner, etc., and all use only standard nomenclature in their reports. No symptoms with be reported.

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 *Hester J. Cox Jr.* .....

Licensed Embalmer No. *4800* .....

P. O. Address *Hickory 22* .....

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.