

Health,
& Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027032
STATE FILE NUMBER
6665

FILED JUL 18 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 6665

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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, give TOWNSHIP only) OR TOWN <u>St. Louis</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"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Firmin DeLoze Hosp.</u>		Length of stay in lb <u>2 days</u>	d. STREET ADDRESS (If outside, give location) <u>1429 Angelica</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>H</u> Last <u>HAUSSTETTE</u>			4. DATE OF DEATH Month <u>7</u> Day <u>2</u> Year <u>58</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>Uncertain</u>	9. AGE (In years (In birthday) <u>55</u>)	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life. (If retired) <u>clerk</u>)	10b. KIND OF BUSINESS OR INDUSTRY <u>Collector of Revenue</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>EDWARD HAUSSTETTE</u>		13b. MOTHER'S MAIDEN NAME <u>Uncertain</u>		14. NAME OF HUSBAND OR WIFE <u>Loretta Hausstette</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>497-09-9639</u>	17. INFORMANT Address <u>1429</u> <u>LORETTA HAUSSTETTE ANGELICA ST</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>Carcinomatous</u> DUE TO (b) <u>Carcinoma of lung</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>163x</u>					INTERVAL BETWEEN ONSET AND DEATH <u>uncertain</u> <u>5 mo. known</u>
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 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>6-30-58</u> to <u>7-2-58</u> and last saw her alive on <u>7-2-58</u> Death occurred at <u>1250 pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>John J. Collins Jr. M.D.</u> (Degree or title)			22b. ADDRESS <u>FDH St. Louis Mo.</u>		22c. DATE SIGNED <u>7-2-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>JULY 4, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FRIEDENS CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
24. FUNERAL DIRECTOR <u>Chudmeyer & Gona</u> ADDRESS <u>3934 N. 20 ST</u>		25. DATE RECD. BY LOCAL REG. <u>JUL 3 58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> <u>mgs</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 *Gustav W. Dieterle*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo.*

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.