

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003971

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 173
FILED FEB 4 1959

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1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellisville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis 2059
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Nursing Home 3 Mos.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 5896 Cabanne Ave
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last William Henry Hauser			4. DATE OF DEATH Month Day Year Jan. 17, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 10, 1881	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mech. Engineer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Bush Brewery	11. BIRTHPLACE (City and state or country) Fargo, No. Dakota	
		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME William Hauser		13b. MOTHER'S MAIDEN NAME Sophia Haller		14. NAME OF HUSBAND OR WIFE Ethel Wayne Hauser	
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. 488-05-7716A		17. INFORMANT Address Miss Jane W. Hauser 5896 Cabanne Ave	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atypical Virus Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 5 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) influenza			
DUE TO (c) influenza			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bunches of bacteria			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 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 1 Nov. '58 to 17 Jan. '59 and last saw him alive on 17 Jan. '59 Death occurred at 11:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. N. Barnett M.D.		22b. ADDRESS 10424 Maplehurst Kirkland, L.L., Mo.		22c. DATE SIGNED 1-17-59	

23a. BURIAL CREMATION, REMOVAL Removal		23b. DATE 1/20/59		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri	
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24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6175 Delmar Bl		25. DATE RECD. BY LOCAL REG. 1-18-59		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	
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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.

Student
Signature of Student Embalmer

Signed *Jos. E. McCulloch*

Licensed Embalmer No. *2962*
P. O. Address... *E. 175th St.*

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.