N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 25612

Registered No. 7209

1. PLACE OF DEATH

County ..... Registration District No. 1

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 2517 N. 10th St. Ward)

2. FULL NAME Andrew F. Haneke

(a) Residence. No. 2517 N. 10th St., 26 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~ Mamie Haneke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep. 20 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	47	10	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Steward
(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Louisville Ky.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER August Haneke

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Mamie Haneke
(Address) 2517 N. 10th St.

15. FILED AUG -9 1927 Mau C. Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 7th 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 11th, 1926, to Aug. 7th, 1927, that I last saw h. alive on Aug. 7th, 1927, and that death occurred, on the date stated above, at 1:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aneurism of Abdominal Aorta
96
1,31 (duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis
(duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? N/A
IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Palpation, etc.

(Signed) Edwin J. Frolich, M. D.
8/8, 1927 (Address) 2806 N. 12th

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bethany

DATE OF BURIAL 8-10-1927

20. UNDERTAKER Bergdoll Bros

ADDRESS 3661 Hoodlawn