

MAR 26 1928

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

Do not use this space.

2495

1. PLACE OF DEATH

County St. Louis
Township Central
City Richmond Heights

Registration District No. 1170
Primary Registration District No. 6248H

File No. 1
Registered No. 18
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 2540 Valley Ave. St. _____ Ward _____
(Usual place of abode)

Maplewood, Mo
(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14 - 1922

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, _____ hrs. or _____ min.
5 6 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Maplewood
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Albert Haneklaw

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

12. MAIDEN NAME OF MOTHER Marie L. Haneklaw

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

14. INFORMANT Albert Haneklaw
(Address) 2540 Valley Ave.

15. FILED 1/18, 1928 C. S. Jewson
REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-16 1928

17. I HEREBY CERTIFY That I attended deceased from 1-15 1928, to 1-16 1928 that I last saw him alive on 1-16 1928, and that death occurred, on the date stated above, at 6 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary oedema
(sudden)

CONTRIBUTORY (SECONDARY) Shock (either due to anaesthetic or operation)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1-16-28

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. P. Pichey M. D.
, 19 (Address) 2816 S. 11th St.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter & Paul Cem. DATE OF BURIAL 1/19 1928

20. UNDERTAKER Croghan - 7146 Manchester Ave. ADDRESS

AGE should be stated in years, months and days. Exact statement of cause of death is very important. THIS IS A CAUSE

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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County St. Louis Registration District No. 1170 File No. 1
 Township Primary Registration District No. 6248H Registered No. 18
 City Richmond Heights St. Ward

2. FULL NAME Rita Marie Haneklaus
 (a) Residence. No. St. Ward. Maplewood Mo.
 (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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S.
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14-1922

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

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

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary edema
secondary to operation for
bleft palate. X
 (duration) yrs. mos. ds.
 CONTRIBUTORY check either due to anast.
matic and operation
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) M. D.
 , 19 (Address)

*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 DATE OF BURIAL
 , 19

20. UNDERTAKER ADDRESS

14. INFORMANT (Address)

15. FILED 3/31 1928 B. L. Jensen REGISTRAR

WRITE PLAINLY, WITH UNFADING INK---THIS IS PERMANENT RECORD

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE & SCRIBED BY LAW

SUPPLEMENTARY

S-2495