

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

Do not use this space.

21818

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1008** File No. ....  
 City St. Louis (No. St. Johns Hospital) Registered No. **5925**  
 St. .... Ward)

**2. FULL NAME**

Lillie Hauschutte  
 (a) Residence. No. 1119 Penrose St. 7 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)

Female | White | Married

5A. IF MARRIED, WIDOWED OR DIVORCED

HUSBAND OF John H. Hauschutte  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 20, 1866

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>62</u>	<u>4</u>	<u>10</u>	<u>10</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Home  
 (b) General nature of industry, business, or establishment in which employed (or employer) 829  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John W. Duche

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT John H. Hauschutte  
 (Address) 1119 Penrose St

15. FILED 1119-2 1928 May 27 Starkley  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY That I attended deceased from Jan 1, 1928 to Jan 1, 1928  
 that I last saw h. alive on May 31, 1928, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Apoplexy  
chronic tubercular nephritis  
59 Hypertension  
 (duration) yrs. mos. ds.

CONTRIBUTORY dissecting aortic aneurysm  
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) L. H. Hauschutte, M. D.  
6/2, 1928 (Address) 616 Westpoplar St

\*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 Calvary Cemetery DATE OF BURIAL June 4, 1928

20. UNDERTAKER Drehmann Harsal ADDRESS 1905 Union

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.

PERMANENT RECORD

8:30 - 9:30 AM

2 - 3 PM

Metropolitan Bldg.