

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

Do not use this space.

25564

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St Louis** (No. **2214 Miami**) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. **7380**

**2. FULL NAME** **Hattie Haubricht**

(a) Residence. No. **2214 Miama** St. **24** Ward. \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 19th 1881**

|           |       |          |           |                                  |
|-----------|-------|----------|-----------|----------------------------------|
| 7. AGE    | YEARS | MONTHS   | DAYS      | IF LESS than 1 day, hrs. or min. |
| <b>47</b> |       | <b>2</b> | <b>26</b> |                                  |

8. OCCUPATION OF DECEASED **48**  
 (a) Trade, profession, or particular kind of work **Housewife**  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

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

10. NAME OF FATHER **Robert Benecke**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **St Louis**  
 (STATE OR COUNTRY) **Mo**

12. MAIDEN NAME OF MOTHER **Elizabeth Becker**

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

14. INFORMANT **Charles Haubricht**  
 (Address) **2214 Miami St Louis Mo**

15. FILED **Jul 16 1923** REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 15 19 28**

17. I HEREBY CERTIFY, That I attended deceased from **January 14, 1928**, to **July 15, 1928**, 19 **28** that I last saw h. **or** alive on **July 15, 1928**, and that death occurred, on the date stated above, at **305 P** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Carcinoma of uterus and Adnexa.**

CONTRIBUTORY (SECONDARY) **46**  
 (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) **Dr. F. Simon**, M. D.

7-16 19 28 Address **1115 Victor 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 **New St. Marcus Cemetery** DATE OF BURIAL **7-19- 19 28**

20. UNDERTAKER **Weick Bros** ADDRESS **2201 So Grand**

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.

RECORD WITH OBTAINING THIS IS A PERMANENT RECORD

