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

Do not use this space.

8295

File No. .....

Registered No. 1946

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County .....

Township .....

City St Louis (No. St Marys Infirmary St. ..... Ward)

2. FULL NAME Hildegard Hause

(a) Residence. No. 2716 Salena St., 23 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: 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 Thomas W. House

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2 - 1900

7. AGE: Years 28 | Months 8 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(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)

PARENTS

10. NAME OF FATHER Joseph Stein

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

12. MAIDEN NAME OF MOTHER Antonette Bouber

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

14. INFORMANT Thomas W. House
(Address) 2716 Salena St

15. FILED 4 11 1929, 19 ..... Harry E Starkeloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-10 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-5-29, 19..., to 2-10, 19 29 that I last saw h. alive on 2-10, 19 29, and that death occurred, on the date stated above, at 5 20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brain Tumor Malignant
52 C
96 C
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Myocarditis Chronic
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? 2716 Salena

DID AN OPERATION PRECEDE DEATH? yes DATE OF 2-9-29

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam. & Autopsy

(Signed) Guy C French, M. D

(Address) 1836 Papin

*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: S S Peter & Paul | DATE OF BURIAL Feb 14, 1929

20. UNDERTAKER Thos Kutis | ADDRESS 2906 Gravois

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state