

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

Do not use this space.

20144

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.....

Township.....

Primary Registration District No. **1003**

Registered No. **5807**

City *St. Louis* (No. *M. S. 1003*)

St. *11* Ward *St. Louis 11th*

St. _____ Ward _____

2. FULL NAME

(a) Residence No. *724 Trinity* (Usual place of abode)

Charles August (J. Hanauusky) Hanauusky
St. *11* Ward *St. Louis 11th*
(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

Oct 28-1858

7. AGE

YEARS *70*

MONTHS *6*

DAYS *27*

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

Foreman

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

Nashley Dean Glass Co

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Nauvoo Ill

(STATE OR COUNTRY)

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

14.

INFORMANT (Address)

Robt. Schumacher 724 Trinity

15.

MAY 27 1929 FILED

Max C. Starny
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 25 1929*

17. I HEREBY CERTIFY, That I attended deceased from *April 15 1929* to *May 25 1929*, and that I last saw him alive on *May 25 1929*, and that death occurred, on the date stated above, at *10:45 p. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardio-Artic Sclerosis (Angina Pectoris)

9 1/2 yrs 5 mos. ds. (duration)

CONTRIBUTORY (SECONDARY) *Cardiac Dilatation 3 days Probable Coronary Infarct very fresh* (duration) *10 45* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

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

WAS THERE AN AUTOPSY? *No.*

WHAT TEST CONFIRMED DIAGNOSIS? *None*
(Signed) *Arthur C. Kimball, M. D.*

May 27, 1929 (Address) *2700 North Grand Baul.*

*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

Concordia Cemetery

DATE OF BURIAL

May 28 1929

20. UNDERTAKER

Max Schumacher

ADDRESS

4634 N. W. Bridge

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.

THIS IS A PERMANENT RECORD

1538
2
31
31

