

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

Do not use this space.

29693

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 1805 La Salle Street.)

File No.
Registered No. 8383
St. Ward)

2. FULL NAME Christine Hausner.

(a) Residence. No. 1805 La Salle Street St. 22 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) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19, 1850.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	79	2	12.	

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER Andrew Harnecker.

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

12. MAIDEN NAME OF MOTHER Dont Know.

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

14. INFORMANT Charles G. Rejtor
(Address) 1805 La Salle Street.

15. FILED SEP 19 1929 Max C. Stankov REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 31 1929 8/31

17. I HEREBY CERTIFY, That I attended deceased from 6-15 1929, to 8-31 1929, and that I last saw him alive on 8-31 1929, and that death occurred, on the date stated above, at 3:15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis

(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

At home

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical exam & lab work
(Signed) E. Engel M. D.

9-1, 1929 (Address) 1536 Ogden 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 St. Matthews Cemetery. DATE OF BURIAL Sept. 3, 29.

20. UNDERTAKER J. H. Gubken & Co. ADDRESS 2842 E. Jerome St.

