WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

38828

1. PLACE OF DEATH

County..... Registration District No.....

Township..... Primary Registration District No.....

City St. Louis, Mo (No. 6121 Simpson Ave St. ..... Ward)

File No.....

Registered No. 11266

2. FULL NAME Hannah Hauck

(a) Residence. No. 6121 Simpson St., 3 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. 8 ds. — How long in U.S., if of foreign birth? 91 yrs. — mos. — ds. —

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 12 - 1834

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	95	3	5	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY) ? ?

PARENTS

10. NAME OF FATHER John Koehler

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

12. MAIDEN NAME OF MOTHER Mr Knowns ?

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

14. INFORMANT Solomon Hauck
(Address) Affton Mo

15. FILED ..., 1923 Max C. Parkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 17 — 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1929, to Nov. 15, 1929 that I last saw her alive on Nov 15, 1929, and that death occurred, on the date stated above, at 7 25 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis C
Acute Dilatation
93C
93D
16 (duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? no

0 DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H. G. Cleveland, M. D

11/18, 1929 (Address) 5930 Southwest Ave

*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. Johns Lemetery Saint — DATE OF BURIAL Nov. 19 1929

20. UNDERTAKER Wacker Helderle — ADDRESS 2331 S. Bridge