

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

Do not use this space.

16532

1. PLACE OF DEATH

County Jefferson Registration District No. 421
 Township _____ Primary Registration District No. 4249
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 35

2. FULL NAME

Minnie A. Haucke
 (a) Residence, No. Leaves 211 St. _____ 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or wife of) <u>Fred Haucke</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 11-1853</u>		
7. AGE	YEARS	MONTHS
	<u>79</u>	<u>1</u>
		DAYS
		<u>16</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo</u>		
FATHER	13. NAME <u>Charles Huber</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Herrnauy 10</u>	
MOTHER	15. MAIDEN NAME <u>Huber</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Huber 31</u>	
17. INFORMANT (ADDRESS) <u>Wm Haucke Hercules 240</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Funerary</u> DATE <u>May 30, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Decker & Vinyard Leaves 211</u>		
20. FILED <u>5731</u> 19 <u>32</u> <u>J. E. Rutledge</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to May 27, 1932
 I last saw her alive on May 27, 1932. Death is said to have occurred on the date stated above, at 8 P. m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis
Arteriosclerosis
Emphysema
 Other contributory causes of importance:
Smoking

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify No. O. E. Amuley, M. D.
 (Signed) Hercules 240
 (Address) _____

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.

23 1932

