

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

Do not use this space.

41691

**1. PLACE OF DEATH**

County..... Registration District No. 2505  
 Township..... Primary Registration District No. 1002B  
 City St. Louis (No. 3671, Humphrey St. .... Ward)

File No. ....  
 Registered No. 10759

**2. FULL NAME** Anna Hauck

(a) Residence, No. 3671 Humphrey St., 16 Ward.

(Usual place of abode) Length of residence in city or town where death occurred 20 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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
80 6 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home  
 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) Indiana 2

FATHER 13. NAME Paul Austmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Joseph L. Hauck  
 (ADDRESS) 3671 Humphrey St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Dec 6, 1932

19. UNDERTAKER A. M. McLunglin  
 (ADDRESS) 1631 Olive St.

20. FILED DEC -5 1932 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 3, 1932

22. I HEREBY CERTIFY, that I attended deceased from Dec 3rd 1932 to Dec 3rd 1932  
 I last saw her alive on Dec 3rd. Death is said to have occurred on the date stated above, at 11:50 p.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage 123  
Arterio-sclerosis 7

Other contributory causes of importance:  
Arterio-sclerosis 7

Name of operation..... Date of.....  
 What test confirmed diagnosis? Physical signs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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? no  
 If so, specify Joseph Davie M. D.  
 (Signed) (Address) 653 Century Bldg

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.

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