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.

MAY 25 1934

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

Do not use this space.

File No. 14050
Registered No. 20

1. PLACE OF DEATH
County St. Genevieve — Registration District No. 780
Township — Primary Registration District No. 4466
City Ste. Genevieve (No. ..., St. ..., Ward)

2. FULL NAME Anna Marie Hauck
(a) Residence, No. ..., St., ..., Ward. ...
(Usual place of abode) (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: female
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) March 29 1933

7. AGE: Years 1 | Months 0 | Days 7 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
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) Ste. Genevieve Missouri

FATHER
13. NAME Wm Hauck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste. Genevieve Missouri

MOTHER
15. MAIDEN NAME Louise Le Clerc
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonnieth Missouri

17. INFORMANT (ADDRESS) William Hauck Ste. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ste. Genevieve Mo DATE April 6 1934

19. UNDERTAKER (ADDRESS) Geo C. Basler Ste. Genevieve Mo

20. FILED Apr 6 1934 T. W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1 1934 to April 5 1934
I last saw her alive on April 4 1934. Death is said to have occurred on the date stated above, at 2-45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	April 1 1934
Acute Bronchitis	April 2 1934

Other contributory causes of importance: Acute Bronchitis

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? N.D.

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? No
If so, specify ...
(Signed) Arthur E. Sulzner, M. D.
(Address) Ste Genevieve Mo