

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 791

Township

Primary Registration District No. 1003

City

(No. City Infirmary)File No. 14702Registered No. 3891

St.

Ward)

2. FULL NAME

Andrew Haderhauk(a) Residence, No. City InfirmarySt. 13

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds.How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary (Welch) Haderhauk</u> <u>deceased</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7/15/1855</u>		
7. AGE	YEARS	MONTHS
	<u>78</u>	<u>7</u>
		DAYS
		<u>1</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>Salvager</u>
	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) Germany13. NAME Andrew Haderhauk14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Anna Boudge16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Mrs. Elizabeth Haderhauk
(ADDRESS) 3415 Vista

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 4-18 193419. UNDERTAKER Bensink, Nichols
(ADDRESS) 1138 1/2 1st St.20. FILED 1138 1/2 1st St.
J. Haderhauk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/16 193422. I HEREBY CERTIFY, That I attended deceased from 9/18, 1930, to 4/16, 1934I last saw him alive on 4/16, 1934. Death is saidto have occurred on the date stated above, at 10:25 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onsetP. B. C.

Other contributory causes of importance:

Serum

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

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) Joe Keenan M. D.(Address) 1001 1/2 1st St.

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.

