

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.

AUG 15 1934

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **6116**), **Etzel Ave.** St. Ward

File No. **26420**
Registered No. **6578**
St. Ward

2. FULL NAME

Louise Hauber
(a) Residence, No. **6116 Etzel Ave.** St. **5** 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caspar Hauber		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22nd, 1857		
7. AGE YEARS 77	MONTHS 1	DAYS 9
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation. 101
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

13. NAME **Wm. Kalkbranner**

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

15. MAIDEN NAME **Louise Zender**

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

17. INFORMANT (ADDRESS) **Anna Hauber, 6116 Etzel Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lebanon Cem.** DATE **July 4th, 1934**

19. UNDERTAKER (ADDRESS) **Drehmann Funeral, 1905 Union Blvd.**

20. FILED **-3 1934** IN **J. J. Bredbeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 1st, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Aug. 1932**, 19....., to **July 1**....., 19**34**
I last saw him alive on **June 30**....., 19**34** Death is said to have occurred on the date stated above, **7:55PM.**

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

Heart Exhaustion Date of onset
Cardiac failure
Senility
general arterio-sclerosis
Other contributory causes of importance: **191**
Phy Exams as there an autopsy? **no**

Name of operation Date of
What test confirmed diagnosis? **Phy Exams**

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) **J. P. Murphy**, M. D.
(Address) **2616 N. R. Highway, St. Louis, Mo.**

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