SEP 18 1934

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

Do not use this space.

30552

1. PLACE OF DEATH

County St. Louis City Registration District No. 757

Township St. Louis Primary Registration District No. 5998

City St. Charles Mo. (No. Emmaus Home St. Ward)

File No.

Registered No. 134

92

2. FULL NAME Louisa M. Harting

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 18th 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85 84	11	14	

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. Housework

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) Germany

FATHER

13. NAME Hannemann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Louisa Hannemann~~

MOTHER

15. MAIDEN NAME Louisa Hannemann

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

17. INFORMANT Otto F. Harting
(ADDRESS) 3438 Russell Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Johns DATE 8/6 1934

19. UNDERTAKER Henry Ludrigs Und Co
(ADDRESS) 1417 N. Market St.

20. FILED 8/3 1934 Clarence H. Russell
Registrar.

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31
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MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1934, to Aug. 2, 1934

I last saw him alive on Aug. 2, 1934. Death is said to have occurred on the date stated above, at 11:45 p.m.

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

	Date of onset
Pulmonary edema	8-2-34
Cerebral Hemorrhage	8-2-34
95 YS	
84 A	
6 C B	
1 1 B	

Other contributory causes of importance:

Senility	
Hypertensive heart disease	?

Name of operation Date of

What test confirmed diagnosis? Symptoms & Signs 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?

If so, specify

(Signed) Harold M. Williams, M. D.

(Address) St. Charles, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD