JUL 2 7 1935

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

Do not use this space.

20818

File No.

Registered No. 93

1. PLACE OF DEATH

County: St Charles — Registration District No. 757

Township: — Primary Registration District No. 3036

City: St Charles (No. 533 N. 4th St. Ward)

2. FULL NAME: Laura Hachmann

(a) Residence, No. 533 N. 4th 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 17-1863

7. AGE: Years 72 | Months 5 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

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): St Charles Mo

FATHER

13. NAME: John Philip Hachn

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

MOTHER

15. MAIDEN NAME: Amanda Young

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

17. INFORMANT: Phyllis Hachmann
(ADDRESS): St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Park Grove DATE: June 28, 1935

19. UNDERTAKER: W. Dallmeyer & Son
(ADDRESS): 900 N. 2nd St Charles.

20. FILED 6/26, 1935 Clarence A. Wessler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1934, to June 25, 1935

I last saw her alive on June 25, 1935. Death is said to have occurred on the date stated above, at 6.00 p.m.

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

	Date of onset
Chronic Heart failure	
Myocarditis	2
	1

Other contributory causes of importance:

Essential hypertension	2
Arteriosclerosis	2

Name of operation: none Date of

What test confirmed diagnosis? Clinical 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) R. O. Hayden, 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.

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