

SEP 16 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791
1003

Do not use this space.

27755

1. PLACE OF DEATH

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No. 6804

City *St. Louis* (No. *St. Anthony Hospital*)

St. Ward)

2. FULL NAME

Marek Hausknecht(a) Residence, No. *3520 Hartford* St. *16* Ward.

(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 *Adam C. Hausknecht*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 29 1869*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *65 7 9*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

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) *Germany*13. NAME *Ferdinand Wittig*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*17. INFORMANT *Adam C. Hausknecht* (ADDRESS) *3520 Hartford St*18. BURIAL, CREMATION, OR REMOVAL PLACE *Buried* DATE *Aug 10 1935*19. UNDERTAKER *Thos. G. Goyon* (ADDRESS) *2906 Goyon av.*20. FILED *Aug - 9 1935* *J. F. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-7-1935*22. I HEREBY CERTIFY, That I attended deceased from *10-1-1934* to *8-7-1935*last saw him alive on *8-7-1935* Death is said to have occurred on the date stated above, at *8:15 P.M.*

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

Intestinal Obstruction Date of onset *8/2/35**High Tension Hernia*Other contributory causes of importance: *1922**Operation on Operative Shock**Basilar Paralysis*Name of operation *Herniorrhaphy* Date of *8/6/35*What test confirmed diagnosis? *Physical exam.* Was there an autopsy? *Yes*

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) *A. Hofmeister* M. D. (Address) *3958 W. Grand 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.

