

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.

DEC 20 1935

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

Do not use this space.

37224

1. PLACE OF DEATH

County *St. Louis*Registration District No. *788*Township *Cassadelet*Primary Registration District No. *447*City *Wentworth* (No. _____)

St. _____ Ward _____

2. FULL NAME *Ida Hattensen*(a) Residence, No. *P.R.#6 Webster Street*, Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *7* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
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5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF *Otto Hattensen*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sep. 10 1871*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<i>64</i>	<i>2</i>	<i>20</i>	

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) *St. Louis* (STATE OR COUNTRY) *mo.*13. NAME *Wm. Sieckmann*14. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY)15. MAIDEN NAME *Unk.*16. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY)17. INFORMANT *Otto Hattensen* (ADDRESS) *P.R.#6 Webster Street Box 643*

18. BURIAL, CREMATION, OR INTERMENT

PLACE *St. Peter's Cem.* DATE *12-3-35*19. UNDERTAKER *Louis H. Bopp* (ADDRESS) *31 W. Olive Street Mo.*20. FILED *12-1-35* *Jules R. York* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *November 30*, 19*35*22. I HEREBY CERTIFY, That I attended deceased from *November 15*, 19*35*, to *November 30*, 19*35*I last saw her alive on *November 30*, 19*35*. Death is said to have occurred on the date stated above, at *9 P.*m.

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

Cerebral Decomposition

Date of onset

Other contributory causes of importance:

Myocarditis
Hypertension

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) *Frank F. Sieck*, M. D.(Address) *Feston, Mo.*

