JAN 15 1936

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

Do not use this space.

38663

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1334

City St. Joseph. (No. 1111 Highland Ave. St. Ward)

2. FULL NAME John Phillip Hauck

(a) Residence, No. 1111 Highland Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Amanda Hauck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 6, 1869

7. AGE: YEARS 66 — MONTHS 8' — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retail Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Western Dairy & Ice Cream Co.
10. Date deceased last worked at this occupation (month and year): 1923
11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Mo.

FATHER

13. NAME: Jacob Hauck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Steinweiler, Germany

MOTHER

15. MAIDEN NAME: Christina Pinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hessendarmstadt Germany.

17. INFORMANT (ADDRESS): Mrs. Amanda Hauck 1111 Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cemetery DATE Dec. 21, 1935.

19. UNDERTAKER (ADDRESS): Walter Meierhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED 12-20, 1935 John R. Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 19, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1935, to Dec 19, 1935

I last saw him alive on Dec 18, 1932. Death is said to have occurred on the date stated above, at 11.50 P.M.

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

	Date of onset
Heart hypertensive disease	6-20-25
Other contributory causes of importance:	
Arteriosclerosis	2-18-22

Name of operation none 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) Thomas Redmond, M. D.
(Address) Phys. & Surg. Bldg. St. Joseph 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.