

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

Do not use this space.

JUN 13 1935

1. PLACE OF DEATH

County St. Louis Registration District No. 790 File No. 40959
 Township Central Primary Registration District No. 6033 Registered No. 366
 City Clayton (No. St. Louis County Hosp St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. 5828 Janet St. _____ Ward. Jennings No
 (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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Hauck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 27, 1869</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>10</u>	DAYS <u>12</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>
	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) Ky

13. NAME Tobias Hauck

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

15. MAIDEN NAME May art Manning

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

17. INFORMANT F. Meier
(ADDRESS) 1239 Chidlers

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 12/21/35

19. UNDERTAKER ouis H. Bopp
(ADDRESS) Hubbard Jls

20. FILED 12/19, 1935 D. J. Squaresli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/10/35, 1935, to 12-15, 1935

I last saw him alive on 12/15/35, 1935. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Chr myocarditis Date of onset 1934

Other contributory causes of importance:
Senility
Infection of ear

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 1935
 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) W. Steier, M. D.

(Address) 6815 W. Louisiana

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.

