

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

32280
Do not use this space.

OCT 4 1937

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis,** (d) Street No. **City Hospital No.1** St.
 (e) Length of residence in city or town where death occurred **1743 Preston St.** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

C.7060

2. PRINT FULL NAME

Herman Hadenfeldt

(a) Residence, No. **1743 Preston St.** St. **23**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mildelmina Hadenfeldt**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 1, 1855**

7. AGE YEARS **81** MONTHS **9** DAYS **1** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Tailor**
 9. Industry or business in which work was done, as saw mill, bank, etc. **nil**
 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 **Henry Hadenfelt**

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

15. MAIDEN NAME **Kateherube Hackmann**

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

17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters** DATE **9-6-1937**

19. FUNERAL DIRECTOR (ADDRESS) **St. Peters**

20. **SEP 4 1937** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/2/37** 19

22. I HEREBY CERTIFY, That I attended deceased from **8/19/37**, 19, to **9/2/37**, 19, I last saw him live on **9/2/37**, 19. Death is said to have occurred on the date stated above, at **12.10 a**

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

Carcinoma of Large Intestine

Other contributory causes of importance: **46**

Name of operation Date of operation **9/2**

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? If so, specify **Richard P. Vieth**, M. D. (Signed) **City Hospital No.** (Address)

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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STATEMENT BY LICENSED EMBALMER

I, Frank J. Owens, Licensed Embalmer No. 2245

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Putz Bros.

3029 Lafayette
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank J. Owens

Licensed Embalmer No. 2245

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)