

DEC 28 1937

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

42411

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis County.Registration District No. 789(b) Township NormandyPrimary Registration District No. 6033B(c) City Wentzville(d) Street No. 6558 Joseph Ave.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mary C. Hahler.(a) Residence, No. 6558 Joseph Ave.

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Divorced.

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

William Hahler.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 2, 1862

7. AGE

75

MONTHS

2

DAYS

14

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

at home

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)

Belleville, Illinois

FATHER

13. NAME Henry Hettenhauser.

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

Germany.

MOTHER

15. MAIDEN NAME Unknown.

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

Germany.17. INFORMANT (ADDRESS) Mrs. Emma Vera Nelson6558 Joseph Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Charles Cem. DATE November 18, 193719. FUNERAL DIRECTOR (ADDRESS) The L. Pleitche Co.5966 Eastern Ave.20. FILED 11-18-37 W. A. Bachmer

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 193722. I HEREBY CERTIFY That I attended deceased from Oct 4th, 1937, to Nov 16th, 1937.I last saw h. u. alive on Nov 9th, 1937. Death is saidto have occurred on the date stated above, at 2:22 a.m.

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

Chronic Myo CarditisDate of onset
8/20/37

Other contributory causes of importance:

Chronic Dilatation

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

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) Norman Handjar M. D.(Address) 6131 E. Elder St. St. Louis, Mo.

STATEMENT BY LICENSED EMBALMER

I, Homer L. Ponder, Licensed Embalmer No. 3367

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

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.)