

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.

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

Do not use this space.

REC'D JUN 23 1938

19362

1. PLACE OF DEATH

County St. Charles

Registration District No. 757

Township

Primary Registration District No. 3036

City St. Charles (No. 721)

Ward Clay

Street 200 Ward)

2. FULL NAME

Elizabeth Hauck

(a) Residence, No. 2508

Shelley

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yr.

mos.

ds.

How long in U. S., if of foreign birth?

yr.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Peter Hauck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 14 1856</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>5</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>midwife</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>John Decline</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Elizabeth Weber</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Bertha Luetha</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter & Paul</u> DATE <u>June 1</u> 19 <u>38</u>		
19. UNDERTAKER (ADDRESS) <u>A. K. ...</u>		
20. FILED <u>721</u> <u>38</u> <u>Clarence H. Mueller</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/29 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/22 1938 to 5/29 1938

I last saw him alive on 5/28 1938. Death is said to have occurred on the date stated above, at 6 P m.

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

Essential Hypertension + Coronary Disease Date of onset ?

Generalized Arteriosclerosis ?

Hypertensive Heart Disease ?

Chronic Cardiac Failure Unknown

Other contributory causes of importance: 95 Pts

Name of operation no Date of no

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no 1938
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) Ralph D. Hayden M. D.
(Address) St. Charles, Missouri

JUN 19 1957