

AUG 17 1939

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

25076

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township St. Joseph Primary Registration District No. 1001 Registered No. 766
(c) City St. Joseph (d) Street No. 913 North 2nd St. St.
(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 64 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

200 Millie Vosteen Hauck
(a) Residence, No. 913 North 2nd. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>White</u>	4. COLOR OR RACE <u>Female</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Hauck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 9, 1863</u>		
7. AGE <u>76</u>	YEARS <u>5</u>	MONTHS <u>7</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Quincy, Illinois</u>		
13. NAME <u>John Vosteen</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cana On Zee Germany</u>		
15. MAIDEN NAME <u>Elizabeth Jansen</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wilhelm Haufen Germany</u>		
17. INFORMANT (ADDRESS) <u>Charles Hauck 913 North 2nd. St. St. Jos. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Mora</u> DATE <u>July 18, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Walter Meierhoffer 1302 Faraon St. St. Joseph, Mo.</u>		
20. FILED <u>July 18, 1939</u> <u>A. H. Neelhuber</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to July 16, 1939
I last saw him alive on July 16, 1939. Death is said to have occurred on the date stated above, at 9:20 P.M.
The principal cause of death and related causes of importance were as follows:
Malignant Cancer of left breast
50
Other contributory causes of importance:
metastasis of cancer to left lung
myocarditis
Chl. nephritis
no

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical 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 _____, 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 no
Nature of injury no

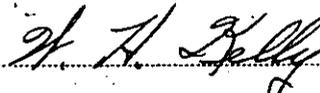
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Albert H. Muench, M. D.
(Address) Phys. & Surgs. Bldg.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or ~~by~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Mo.

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.)

If this body is not embalmed, above space should be left blank.