V. S. No. 2
DM—11-10-39
Rev. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Registration District No. 791 Primary Registration District No. 1003

State File No. 9519
Registrar's No. 3002

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3701 Oak Hill Av.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3701 Oak Hill Av.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Julius Hauck
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Carrie E. Hauck
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 26 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
68	1	14	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Physician
11. Industry or business
FATHER
12. Name Charles F. Hauck
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Antonia Zehner
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Dr. Louis Hauck
(b) Address 3701 Oak Hill Av.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory
18. (a) Signature of funeral director Witt Bro. L & W Co
(b) Address 2929 S. Jefferson Av.
19. (a) MAR 31 1940 (Date received local registrar) (b) J. F. Credich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 30 year 1940 hour 6 30 am minute M.
21. I hereby certify that I attended the deceased from May 8, 1939 to March 29, 1940 that I last saw him alive on March 29, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	instant
Due to Senility and Arterio-sclerosis	don't know
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? — (e) Means of injury —
23. Signature John C Cornell (M. D. or other)
Address 5005 a Gravois Date signed 3/30/40

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 29798 Jefferson

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.