

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4634a Loughborough Ave. 2  
(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)

3. (a) PRINT FULL NAME Louise Hatzenbuehler 325

3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife late John Hatzenbuehler  
6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 29 1856  
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 9  
If less than one day hr. min.

9. Birthplace Staunton Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown Fischer

13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Stock

(b) Address 4634a Loughborough Ave.

17. (a) Burial (b) Date thereof 8-10-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mascoutah Illinois

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) AUG 8 1940 (b) J. B. Bredich (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Mo. (b) County  
(c) City or town St. Louis 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4634a Loughborough Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7th  
year 1940 hour 10 A.M. minute M.

21. I hereby certify that I attended the deceased from July 29 1940 to Aug 7 1940  
that I last saw him alive on Aug 7 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Hypertension

Due to

Cerebral Hemorrhage

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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?

While at work? (Specify type of place) (e) Means of injury

22. Signature J. B. Bredich (M. D. or other)

Address 6814 Grand Date signed 8/8/40

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

MOTHER FATHER

Dr. Schmiemeir  
9-10 A.M.  
6811H. Skidmore

Alie

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**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.....

*Edward M. Schmitt*

Licensed Embalmer No.....

*3024*

P. O. Address.....

**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, fact should be so stated above.**