

Registration District No.

Primary Registration District No.

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: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

In this community 25 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 12
(If outside city or town limits, write "RURAL") 7
?

(d) Street No. 5001 Aubert Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ANN C. HANEY

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4th
year 1942 hour One minute 0 M.

21. I hereby certify that I attended the deceased from Aug 15
to Sept 4, 1942
that I last saw her alive on Sept 4, 1942
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John J. Haney

6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased Dec 25, 1982
(Month) (Day) (Year)

Immediate cause of death acute uremia 1WK
Intestinal Obstruction 10 days

Due to Intestinal Obstruction

Due to Obstruction

Other conditions Band of Adhesions
Contracting Ascites
Colic

8. AGE: Years 59 Months 8 Days 10
If less than one day hr. min.

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

Major findings: Band of Adhesions
Contracting Ascites
Colic

Of autopsy Colic

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

10. Usual occupation At Home

11. Industry or business —

MOTHER { 12. Name John A. Maisel

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

14. Maiden name Elizabeth Ruloff

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Jack F. Haney

(b) Address 5001 Aubert Avenue

17. (a) Burial (b) Date thereof 9/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) SEP 6 1942 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

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 —

23. Signature J. F. Budeck (M. D. or other) —
Address 2161 East Fair Avenue Date signed 9/5/42

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

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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis 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, fact should be so stated above.