S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8372

State File No.

FILED MAR 30 1943 8

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2725

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 2318 Kerkuk St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 5 MONTHS

2. USUAL RESIDENCE OF DECEASED: 997
(a) State ILL (b) County ST CLAIR
(c) City or town WATERLOO Ills 11 N.R.
(If outside city or town limits, write "RURAL") 0
(d) Street No. RR 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO 2

3. (a) PRINT FULL NAME ANNA HAUDRICH

3. (b) If veteran, name war NO

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 STEPHEN

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

7. Birth date of deceased APRIL (Month) 11 (Day) 1855 (Year)

8. AGE: Years 89 Months 11 Days 10 If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business OWN HOME

MOTHER FATHER
12. Name ALBERT WITTICH
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Stephen Haudrich
(b) Address Belleville Ill.

17. (a) WATERLOO (Burial, cremation, or removal) (b) Date thereof 3 22 43 (Month) (Day) (Year)
(c) Place burial or cremation Waterloo, Ill

18. (a) Signature of funeral director H. Guenthem
(b) Address Waterloo Ill

19. (a) MAR 22 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 21 year 1943 hour 12 minute 25 P. M.

21. I hereby certify that I attended the deceased from January 4 2, 1943, to MARCH 21, 1943, that I last saw him alive on MARCH 20, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Breast	1 yr
Due to Not known	
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 Fred W Rolling MD (M. D. or other)
Address 2135 Sidney St. Date signed 3/22/43

(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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ben H Baldwin

Licensed Embalmer No. 2420

P. O. Address E St Louis Ill

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.