

LED JUN 30 1943 18

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 5635

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: CITY HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution HOSP. 2 Mo  
In this community 55-1-19 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town ST. LOUIS 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3413<sup>A</sup> KLEIN ST. 726  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EMMA HAUCK

3. (b) If veteran, name war No 3. (c) Social Security No. 488-01-5136

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

6. (b) Name of husband or wife AUGUST HAUCK 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MAY 10 1888  
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation COOK IN CAFE/TERIA

11. Industry or business SCRUGGS DEPT. STORE

12. Name MARTIN LOEFFEL

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

14. Maiden name ANNA MANNER

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

16. (a) Informant Arthur Hauck

(b) Address 3413<sup>A</sup> KLEIN ST

17. (a) BURIAL (b) Date thereof 6/23/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. JOHNS CEM

18. (a) Signature of funeral director Briedinger & Son

(b) Address 3934 N. 20th

19. (a) JUN 21 1943 (b) J. F. Briedinger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19,  
year 1943 hour 11:45 minute P.M.

21. I hereby certify that I attended the deceased from April 15,  
1943 to June 19, 19 43

that I last saw her alive on June 19, 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Infarct  
Duration \_\_\_\_\_

Due to Hypertension

Due to Arteriosclerosis

Other conditions Cerebral Thrombosis  
(Include pregnancy within 3 months of death)  
(middle Cerebral Artery, Rt)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy Pulmonary Infarct, Left Lung Basis, Encephalomalacia

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)  
(c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) 6/20/43  
Address 1515 Lafayette Avenue, Date signed \_\_\_\_\_

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

MOTHER FATHER

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 Alfred J. Boedeker  
Licensed Embalmer No. 2663  
P. O. Address 5934 Alpha

**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.**