

FILED FEB 18 1943 18

Registration District No.

Primary Registration District No.

1002

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

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:
3229 N. 20th St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3229 N. 20th St.
(If rural, give location)
(e) Citizen of foreign country?..... NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

CAROLINE HAUMUELLER

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 Henry C. Haumueller 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... August 25, 1862.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 5 13 hr. min.

9. Birthplace..... St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housework

11. Industry or business

MOTHER FATHER

12. Name..... Henry Wollbrinck
13. Birthplace..... Germany
(City, town, or county) (State or foreign country)
14. Maiden name..... Unknown
15. Birthplace..... Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mr. Elmer A. Haumueller
(b) Address..... 3229 N. 20th St.
17. (a) Burial (b) Date thereof..... Feb. 11 1944.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... Bellefontaine Cemetery.

18. (a) Signature of funeral director..... CALVINE FEUTZ FUNERAL HOME
(b) Address..... 4828 Natural Bridge Blvd.

19. (a) FEB 9 1944 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day FEBRUARY
year..... 1944 hour..... 5 minute..... 50 A. M.

21. I hereby certify that I attended the deceased from Feb. 10
1944 to Feb 8th 1944
that I last saw h. Ev alive on..... Feb. 7th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic Bronchitis (acute)
Due to..... Branchial irritation

Due to..... Stroke Arteriosclerosis
Other conditions..... Stroke weakness - also of heart

Major findings:
Of operations..... 10/6
Of autopsy.....

Duration
7 days

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)
(c) Means of injury..... 0

23. Signature..... Alfred H. Taylor (M. D. or other)
Address..... 4244 N. 7th St. Date signed..... 4/8/44

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.....

John A. Melina

Licensed Embalmer No.....

4186

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.