U. S. No. 2
10M—5-42
Rev. 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

State File No. 11297

FILED MAY 12 1945 318

Registration District No. ..... Primary Registration District No. L 1003 Registrar's No. 4006

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4146 Flora Place
(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)

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. 4146 Flora Place
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Henry C. Hain

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Katie E. Hain

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased Dec. (Month) 26 (Day) 1855 (Year)

8. AGE: Years 89 Months 4 Days 8 If less than one day ..... hr. ..... min.

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

10. Usual occupation Paint Business

11. Industry or business Retired

FATHER
12. Name William Hain
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophia Auwl
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Katie E. Hain
(b) Address 4146 Flora Place

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 7 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wm. J. Robert L&U Co
(b) Address 1905 S. Grand Blvd.

19. (a) MAY 5 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 th year 1945 hour 11 minute AM.

21. I hereby certify that I attended the deceased from 6-19, 1942 to 5-4, 1945 that I last saw him alive on 5-4, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis Chronic	
Hypertension	
Due to: Prostatitis	
Due to	
Other conditions (Include pregnancy within 3 months of death): None	

Major findings:
Of operations: None
Of autopsy: None

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 Philip Schuck (M. D. or other)
Address 1703 S Grand Date signed 5-5-45

(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.....

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

working under my personal supervision.

Signed John Fetter

Licensed Embalmer No. 3880

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.