

FILED SEP 11 1945

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 258

1. PLACE OF DEATH: Cape Girardeau

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Southeast Mo Hospital 0
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 10 hours
(Specify whether years, months or days)

In this community 10 hours

2. USUAL RESIDENCE OF DECEASED: (Parents)

(a) State Missouri (b) County Cape Girardeau

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. near Tibet Mo 0
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME BABY HAUENSCHILD

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Aug 14, 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day about 10 hours
hr. min.

9. Birthplace Cape Girardeau Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

MOTHER FATHER { 12. Name August Hauenschild

13. Birthplace Tibet Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Hilda Lange

15. Birthplace Tibet Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant August Hauenschild

(b) Address Jackson Mo R # 2

17. (a) Burial (b) Date thereof Aug 16 '45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Miller

(b) Address Jackson Mo

19. (a) 8-17-45 (b) H. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1945 hour 8 minute 15 M.

21. I hereby certify that I attended the deceased from Aug 14 1945 to Aug 15 1945 that I last saw him alive on Aug 14 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Premature birth

Due to never known

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: 159

Of operations _____

Of autopsy _____

Duration _____

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)

(e) Means of injury 0

23. Signature J. H. Phelps (M. D. or other) _____

Address Jackson Mo Date signed 8-16-45

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

RECEIVED

District Health Officer No. 4

District File Number 945-1079

Date Filed 9-8-45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Handwritten signature and date: 9-11-45