

#54653

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **11204**

FILED APR 5 1946

Registration District No.

Primary Registration District No.

1003

Registrar's No.

2878

1. PLACE OF DEATH:

(a) County
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(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 **003**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3343a Michigan**
Memorial (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **BARBARA HASENPFLUG**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **F** / 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widow** ?
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Jan 27 1868**
(Month) (Day) (Year)

8. AGE: Years **78** Months **I** Days **28** If less than one day hr. min.

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

10. Usual occupation **House Wife**

11. Industry or business

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

16. (a) Informant **O. C. Hoffmann**
(b) Address **3891 Bingham ave**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Mar 28 1946**
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Paul Church Yard**

18. (a) Signature of funeral director **Wm Schumacher**
(b) Address **3013 Meramec st**

19. (a) **MAR 27 1946** (b) **J. H. Budick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **25th** year **1946** hour **8:10** minute **P** M.

21. I hereby certify that I attended the deceased from **2/27/46** to **3/25/46**, 19... that I last saw her alive on **3/25/46**, 19... and that death occurred on the date and hour stated above.

Immediate cause of death: **Peritonitis**

Due to **Carcinoma of the common bile duct**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Ca of common bile duct** Of autopsy **Sans**

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.....

23. Signature **J. H. Budick** (M. D. or other) **M. D.**
Address **3136-46** Date signed **3-28-46**

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

10146

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 Francis Williamson

Licensed Embalmer No. 3565

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.