S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14784

318 1003

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 3641

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: Lutheran (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour (Specify whether years, months or days)
In this community 45 years

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. 3515 Lawn Ave. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

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3. (a) PRINT FULL NAME Sophia Haueisen

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 married

6. (b) Name of husband or wife Frederick H. Haueisen

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased August 27th. 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	7	21	hr. min.

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

10. Usual occupation housewife

11. Industry or business Home

FATHER
12. Name Theodore Dreyer
13. Birthplace Richmond Va. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Rohrbeck
15. Birthplace Maryland (City, town, or county) (State or foreign country)

16. (a) Informant Freeerick H. Haueisen
(b) Address 3515 Lawn Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/1946 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Norman L. Weidemuller
(b) Address 6203 Gravois Ave.

19. (a) APR 21 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1946 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 16, 1946 to April 18, 1946 that I last saw her alive on April 18, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion, cause	
Due to Chronic Myocarditis	
Due to Cardio Vascular Renal disease.	
Other conditions Obesity (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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 William W. Riley (M. D. or other) M.D.
Address 2602 So Grand Date signed 4/18/46

(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 G W Wilkinson

Licensed Embalmer No. 3575

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.