DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42452

FILED JAN 7 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11194

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: Barnes Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 hrs (Specify whether
In this community 18 hr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town Red Light Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Baden Station R. 4 - NR
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dorothy Ann Haldenwanger
3. (b) If veteran, name war — — — —
3. (c) Social Security No. — — — —

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife OTTO HALDENWANGER
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased SEPT. (Month) 13 (Day) 1908 (Year)

8. AGE: Years 38 Months 3 Days 14 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation HOUSE WORK
11. Industry or business

FATHER
12. Name FREDERICK S. BECK
13. Birthplace OHIO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZABETH HEICKEMPER
15. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)

16. (a) Informant Otto Haldenwanger
(b) Address Baden Station R. 4
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 30-1946 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director Liedrich F. Home
(b) Address 8319 Halls Ferry Rd.
19. (a) DEC 31 1946 (Date received by Registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1946 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec 26, 1946, to Dec 27, 1946 that I last saw him alive on Dec 27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration
Due to Uremia
Due to Chronic glomerulo nephritis
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No 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 F. P. Bradley (M. D. or other)
Address Barnes Hospital, Date signed 12-27-46

(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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.