

No. 2
1739
X47070

FILED FEB 17 1947
2118 018

Registration District No. **1218**

Primary Registration District No. **1003**

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

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:
ST. LOUIS CITY HOSPITAL #1
(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. **1049 Lafayette Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **JOSEPH HAUCK**

3. (b) If veteran, name war..... 3. (c) Social Security No. **499-01-6417**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Amelia Hauck** 6. (c) Age of husband or wife if alive **37** years

7. Birth date of deceased **July 15th, 1913**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	33	6	21 hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business.....

MOTHER, FATHER

12. Name **Emil Hauck**

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

14. Maiden name **Lillian Albrecht**

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

16. (c) Informant **Mrs. Amelia Hauck**

(b) Address **1049 Lafayette Avenue**

17. (a) **Burial** (b) Date thereof **Feb. 10-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New SS. Peter & Paul**

18. (a) Signature of funeral director **W. J. Bradley**

(b) Address **1926 Allen Avenue**

19. (a) **FEB 7 - 1947** (b) **J. F. Bradley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB.** day **6,** year **1947** hour **10:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **1-6-47** to **2-6-47**, 19.....; and that death occurred on the date and hour stated above.

I last saw him alive on **2-6-47**, 19.....;

Immediate cause of death.....

Phagocytic H. Disease

Duration **7+ yrs.**

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy **Adhesive pericarditis**
Myocardial & Aortic Sclerosis

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) (c) Means of injury.....

23. Signature **J. J. Parker** (M. D. or other).....

Address **1515 LAFAYETTE** Date signed **2-6-47**

[Handwritten mark]

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.....

ME

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

working under my personal supervision.

Signed.....

[Handwritten signature: Benj. L. Dorman]

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.