

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10951

State File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2515**

1. PLACE OF DEATH:
(a) County **MISSOURI**
(b) City or town **ST. LOUIS**
(c) Name of hospital or institution: **ST. JOHN'S HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 DAYS**
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. **3520 HARTFORD**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ALICE R. HAUSKNECHT**
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 **Joseph** 6. (c) Age of husband or wife if alive **48** years
7. Birth date of deceased **AUGUST 8 1902**
(Month) (Day) (Year)

8. AGE: Years **44** Months **7** Days **1**
If less than one day _____ hr. _____ min.

9. Birthplace **ST. LOUIS, MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **AT HOME**

12. Name **HERMAN GROEPPER**

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

14. Maiden name **ANNA BRINKMANN**

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

16. (a) Informant **Joseph HAUSKNECHT**

(b) Address **3520 HARTFORD**

17. (a) **BURIAL** (b) Date thereof **MAR. 13, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SUNSET BURIAL PARK**

18. (a) Signature of funeral director **Thomas Kutis & Son**

(b) Address **2906 GRAVOIS**

19. (a) **MAR 10 1947** **J. F. Bredek**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAR.** day **9**
year **1947** hour **6** minute **P.M.**
21. I hereby certify that I attended the deceased from **March 5**, 19**47**, to **March 9**, 19**47**
that I last saw her alive on **March 9**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction**
premie
cc. cigarettes
Due to _____

Due to **125**
Other conditions **acute yellow atrophy liver**
(Include pregnancy within 3 months of death)
of liver

Major findings: Of operations _____
Of autopsy **same as above**

Duration **1 day**
8 hrs
120k
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 **[Signature]** (M. D. or other) **MD**

Address **4957 Maryland** Date signed **3/15/47**

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

MOTHER FATHER

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

Lo J. Budde

Licensed Embalmer No.

3989

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.