

S. No. 2
1-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21978

State File No. _____
Registrar's No. 106.

Registration District No. 310 Primary Registration District No. 3058

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

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(c) Name of hospital or institution: St. Joseph Hospital
(d) Length of stay: In hospital or institution 6 days
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(d) Street No. 312 North Fourth Street
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Paul John Hauschild
(b) If veteran, name war NIL
(c) Social Security No. NIL

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 18 year 1947 hour 3:45 minute P. M.
21. I hereby certify that I attended the deceased from 3-3 1947 to June 18 1947
that I last saw him alive on June 18 1947 and that death occurred on the date and hour stated above.

4. Sex Male race White
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida (Lich) Hauschild
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased February 25, 1886

Immediate cause of death
Hemiplegia of left side
Due to ~~vascular disease~~
Cerebral infarction
Duration 1 wk
Other conditions
Major findings: No
Of operations: No
Of autopsy: Yes - evidence of acute infarction

8. AGE: Years 61 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Oberschindmas Germany

10. Usual occupation Shoe Repairing

11. Industry or business Shoe Repair Shop

12. Name Ernest Hauschild

13. Birthplace Germany

14. Maiden name Maria Fehrmann

15. Birthplace Germany

16. (a) Informant Mrs. Paul J. Hauschild

(b) Address 312 N. 4th-St. Charles, Mo.

17. (a) burial (b) Date thereof June 21-1947
(c) Place: burial or cremation Immanuel Lutheran Cem. St. Charles, Mo.

18. (a) Signature of funeral director H.C. Dallmeyer + Sons Co
(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) 6/20/47 (b) J. H. Hamilton
(Date received local registrar) (Registrar's signature)

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) none
(b) Date of occurrence none
(c) Where did injury occur? none
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

23. Signature R. O. Hayden, M.D. (M. D. or other)
Address 207 1/2 5th St. Date signed 6/20/47

RECEIVED
District Health Officer No. 9,
District No. 26 JUN 26 1947
Date Filed

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..... *Joseph I. Jandolt* ..
Licensed Embalmer No. *4189* ..
P. O. Address..... *St Charles* ..

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.