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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38183

FILED DEC 8 1948

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 10225

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: Bethesda Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (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. 207 Eichelberger
(If rural, give location)

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(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henrietta (Hattie) Hackbusch

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 Arthur

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April (Month) 25 (Day) 1885 (Year)

8. AGE: Years 63 Months 6 Days 28 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Michael Bowe
13. Birthplace Unknown (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Magdalena Seligman
15. Birthplace Unknown (City, town, or county) France (State or foreign country)

16. (a) Informant Arthur Hackbusch
(b) Address 207 Eichelberger

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois Ave

19. (a) NOV 25 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1948 hour 2 minute 25 P M.

21. I hereby certify that I attended the deceased from May 3, 1948, to Nov 23, 1948
that I last saw h alive on Nov 23, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia with Bilateral Hydronephrosis	3 wks
Due to Generalized carcinoma of abdomen	?
Due to Carcinoma of Uterus Primary - Uterus	3 yrs
Other conditions Mitral Stenosis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy Same as above.

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 Max Starkloff (M. D. or other)
Address 512 Doerwold Date signed 11/24/48

(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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 3634 Gravois

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.