

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42557**
Registrar's No. **10688**

FILED DEC 27 1949

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri. | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, | | d. STREET ADDRESS (If rural, give location) 5721 Chamberlain Ave., | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital.. | | | | d. STREET ADDRESS (If rural, give location) 5721 Chamberlain Ave., | | | |
| 3. NAME OF DECEASED (Type or Print) JOHN | | a. (First) | | b. (Middle) LOUIS | | c. (Last) HAUK. | |
| 4. DATE OF DEATH Dec 11, 1949. | | 5. SEX Male. | | 6. COLOR OR RACE White. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed. | |
| 8. DATE OF BIRTH July 6, 1865. | | 9. AGE (in years last birthday) 84. | | IF UNDER 1 YEAR Months 5. Days 5. | | IF UNDER 1 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass't Cashier.. Mutual Bank & Trust Co., | | | | 10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Missouri. | | 11. BIRTHPLACE (State or foreign country) U.S.A. | |
| 13a. FATHER'S NAME Edward Hauk. | | 13b. MOTHER'S MAIDEN NAME Frederica (Unknown). | | 14. NAME OF HUSBAND OR WIFE Mildred Hauk. | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no. | | 16. SOCIAL SECURITY NO. 491-14-8338. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward R. Hauk, Festus, Missouri. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 hrs. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 940 | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR 4201 | | | |
| 22. I hereby certify that I attended the deceased from 11-18 , 19 49 , to 12-11 , 19 49 that I last saw the deceased alive on _____, 19____, and that death occurred at 2:45 a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE C. G. Drummond | | | | 23b. ADDRESS 1927^a Union | | 23c. DATE SIGNED 12-12-49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial. | | 24b. DATE 12/14/49. | | 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery. | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri. | |
| DATE REC'D BY LOCAL REG. DEC 12 1949 | | REGISTRAR'S SIGNATURE J. B. Basater | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons, 7233 Delmar Blvd., | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Arnold W. Schoene

Signed.....

Student Embalmer

Licensed Embalmer No. *3864*

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.