

FILED FEB 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 6180  
Registrar's No. 1119

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 4 months		d. STREET ADDRESS (If rural, give location) 4718 Greer Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) W. c. (Last) Hauptmann			4. DATE OF DEATH (Month) (Day) (Year) February 3 1951			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 18 1876	9. AGE (In years last birthday) 74	10. IF UNDER 1 YEAR Months 9 Days 15	11. IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Brighton Ills		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Conrad Heidemann	13b. MOTHER'S MAIDEN NAME Caroline Jaeger	14. NAME OF HUSBAND OR WIFE Late Charles Hauptmann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Miss Henrietta Heidemann ADDRESS 4718 Greer Ave

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*  ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) DUE TO (c)		MEDICAL CERTIFICATION <i>Arteriosclerosis Cerebral degeneration Myocardial infarction Chronic myocarditis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>10 days 4 days 3 weeks 2 days</i>
	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 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>H221</i>

22. I hereby certify that I attended the deceased from June 1, 1949, to Feb 3, 1951, that I last saw the deceased alive on Feb 3, 1951, and that death occurred at 1:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Miss Henrietta Heidemann</i>	(Degree or title)	23b. ADDRESS 3833 Washington	23c. DATE SIGNED 2/5/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE February 6 1951	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo

DATE REC'D BY LOCAL REG. FEB 5 1951	REGISTRAR'S SIGNATURE <i>J. B. Casater</i>	25. FUNERAL DIRECTOR'S SIGNATURE Calvin F Feutz	ADDRESS 4828 Nat Bridge Blvd
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Re Shows of 12 FEB 16 1951

*[Handwritten signature]*

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.....

*Ralph C. Lyden*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4225*

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.