

FILED OCT 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 34541

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 73

791

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

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Perryville)		c. CITY (If outside corporate limits, write RURAL and give OR TOWN Crosstown)	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Perry County Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Emil b. (Middle) Hangge c. (Last) Hangge			4. DATE OF DEATH (Month) (Day) (Year) October 10, 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 4, 1874		9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool and Die Maker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Switzerland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME David Hangge		13b. MOTHER'S MAIDEN NAME Marie Wiederkehr		14. NAME OF HUSBAND OR WIFE Amelia Schwiniger	
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. 492-09-0029		17. INFORMANT'S SIGNATURE OR NAME Alois Hangge, St. Louis, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of the Liver			INTERVAL BETWEEN ONSET AND DEATH 3-4 Mo.	
II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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? 5810 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 1951 to 10 Oct 1951 that I last saw the deceased alive on 10 Oct 1951 and that death occurred at 10 P.M. from the causes and on the date stated above.					

23a. SIGNATURE F. W. Felty		23b. ADDRESS 1010 Perryville Mo		23c. DATE SIGNED 10-11-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE October 11, 1951		24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Louis, MO.			

DATE REC'D BY LOCAL REG. Oct 11-1951		REGISTRAR'S SIGNATURE Joseph Zeltner		25. FUNERAL DIRECTOR'S SIGNATURE Leidner Und. Co.	
		ADDRESS 2223 St. Louis One		ADDRESS St Louis 6, Mo	

1551 2 2 11 22

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.....
Student Embalmer

Signed John P. Buchholz
Licensed Embalmer No. 1674

P. O. Address 2223 S. Harris Ave

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.

S. Harris 6 27