

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11386

FILED MAR 19 1952

BIRTH NO.

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 6076

Registrar's No. 319

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Bonhomme		c. LENGTH OF STAY (in this place) 70 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Bonhomme		4000	
3. FULL NAME OF HOSPITAL OR INSTITUTION Sulphur Springs Road				d. STREET ADDRESS (If rural, give location) Sulphur Springs Road			
3. NAME OF DECEASED (Type or Print) Julia A. Hauhart			4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1952				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan. 8, 1882	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		11. BIRTHPLACE (State or foreign country) St. Louis County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Herman Hauhart		13b. MOTHER'S MAIDEN NAME Mary Schlueter		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Peter Hauhart, Valley Park, Mo. R#1			
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 Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		K201	
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) m.		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 March 4, 1948 , to Feb. 5, 1952 , that I last saw the deceased alive on Feb. 5, 1952 , and that death occurred at 6:45 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Henry F. Scott, M.D.				23b. ADDRESS Ballwin Mo.		23c. DATE SIGNED Feb 6-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/7/52		24c. NAME OF CEMETERY OR CREMATORY Salem Methodist Cem.		24d. LOCATION (City, town, or county) (State) Ballwin, Missouri	
DATE REC'D BY LOCAL REG. 2/6/52		REGISTRAR'S SIGNATURE Herbert K. Donkey		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Fun'l Home, Ballwin, Mo.			

(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.....
Student Embalmer

Signed

Richard Bipp

Licensed Embalmer No. *4584*

P. O. Address *Balwin, 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.