

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

29557

State File No. ....

FILED AUG 23 1952 55094

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7478**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>2610</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis 0</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis 0</b>	
c. LENGTH OF STAY (in this place) <b>8 mHrs.</b>		d. STREET ADDRESS (If rural, give location) <b>5561 Ashland Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 4, 1952</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) c. (Last) <b>Hauck</b>		5. SEX <b>M</b> 6. COLOR OR RACE <b>W.</b> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>Aug. 4, 1952</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins. <b>7</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Charles F. Hauck</b>		13b. MOTHER'S MAIDEN NAME <b>Mary F. McLaughlin</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		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. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Hauck 5561 Ashland Ave.</b>	
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) <b>Pre-maturity</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the disease (a) stating the cause of death. DUE TO (b) <b>Pre-maturity</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? 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? <b>776X</b>		22. I hereby certify that I attended the deceased from <b>Aug 4, 1952</b> , to <b>Aug 4, 1952</b> , that I last saw the deceased alive on <b>Aug 4, 1952</b> and that death occurred at <b>10:35 A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Clifford R. Kashi MD</b>		23b. ADDRESS <b>35 N. Central Clayton</b>	
23c. DATE SIGNED <b>8-4-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>8-5-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Arthur J. Donnelly 3840 Lindell</b>	
DATE REC'D BY LOCAL REG. <b>AUG 6 1952</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith</b>	

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9 G. H. L.  
8-5-

**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 John

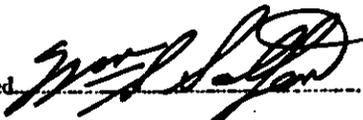
Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed



Licensed Embalmer No. 1699

P. O. Address St. Charles, 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.