

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

NOV 13 1952

318

1003

9764

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4947a Lindenwood</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>21490</b>	
		d. STREET ADDRESS (If rural, give location) <b>14 4947a Lindenwood</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Pauline</b>	b. (Middle) <b>E..</b>	c. (Last) <b>Harger</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 21 1952</b>
-------------------------------------	---------------------------	------------------------	-------------------------	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Dec. 9 1887</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>12</b>	IF UNDER 24 HRS Hours <b></b> Min. <b></b>
----------------------	-------------------------------	---	-------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo. U</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	-----------------------------------	---	--

13a. FATHER'S NAME <b>Charles Hufnagel</b>	13b. MOTHER'S MAIDEN NAME <b>Josephine Ackermann</b>	14. NAME OF HUSBAND OR WIFE <b>Andrew (Deceased)</b>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Louise Schmidt</b>	ADDRESS <b>4947a Lindenwood</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sodium fluoride poisoning</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>self administered in bathroom of house 4947 Lindenwood</b> DUE TO (c) <b>unknown. Suicide while suffering a temporary mental aberration</b>		
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) <b>suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo</b>
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Oct 21 52 ? m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>E9717</b>
---	--	---

22. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **7PM** m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <b>Patrick E. Payson Coroner</b>	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>10 23 52</b>
---	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b>	24b. DATE <b>10/24/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mo. Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>
--	---------------------------	---	--

DATE REC'D BY LOCAL REG. <b>OCT 23 1952</b>	REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Schumacher</b>	ADDRESS <b>3013 Meramec</b>
---	--	--	-----------------------------

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Jack Haupt  
Licensed Embalmer No. 4746  
P. O. Address St Louis

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.