

FILED DEC 29 1953

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44760

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2220

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sycamore Village</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sycamore Village</u>	
c. LENGTH OF STAY (in this place) <u>7 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>2459 Hartland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2459 Hartland</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MATHILDA</u> b. (Middle) <u>K</u> c. (Last) <u>HAUPT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-16-53</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>JAN 9 1879</u>		9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Gumbo Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>					

13a. FATHER'S NAME <u>ERNEST KROENUNG</u>		13b. MOTHER'S MAIDEN NAME <u>BARBARA DINKLE</u>		14. NAME OF HUSBAND OR WIFE <u>LOUIS W HAUPT DECEASED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CHARLES L HAUPT</u> ADDRESS <u>8242 JEFFERSON</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia</u>		DUPLICATE (b) <u>Bowel Hemorrhage</u>		<u>4 yr +</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) <u>? Carcinoma of Sigmoid</u>		<u>year</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?	
22. I hereby certify that I attended the deceased from <u>1949</u> , to <u>16 Dec 1953</u> that I last saw the deceased alive on <u>16 Dec 1953</u> and that death occurred at <u>5:00 P.M.</u> , from the causes and on the date stated above.					

23a. SIGNATURE <u>Paul R. Whitener M.D.</u> (Degree or title)		23b. ADDRESS <u>8423 Midland, St Louis, Mo</u>		23c. DATE SIGNED <u>17 Dec 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-18-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAKE CHARLES PARK WELLSINGTON</u>	
24d. LOCATION (City, town, or county) (State) <u>MO</u>					

DATE REC'D BY LOCAL REG. <u>12/17/53</u>		REGISTRAR'S SIGNATURE <u>Richard R. Spink, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Hellemann</u> ADDRESS <u>Orland Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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.

Earl Adelleman

Licensed Embalmer No.

3501

P. O. Address

Quincy 1K

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.