

## STANDARD CERTIFICATE OF DEATH

State File No. 1452

FILED JUL 1 - 1954		REG. DIST. NO. <u>277</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>1452</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>ST. LOUIS</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAYTON</u>		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>2820 So. COMPTON AVE</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>MARIE</u>			b. (Middle) <u>MARGARET</u>			c. (Last) <u>HARDNACKE</u>	
5. SEX <u>FEMALE</u>			6. COLOR OR RACE <u>WHITE</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JUNE 27, 1901</u>			9. AGE (In years last birthday) <u>52</u>			10. IF UNDER 1 YEAR Months <u>11</u> Days <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>JOSEPH TEGETHOFF</u>			13b. MOTHER'S MAIDEN NAME <u>MARY KEANE</u>	
14. NAME OF HUSBAND OR WIFE <u>WM J. HARDNACKE</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or 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>WM J. HARDNACKE</u>			18. ADDRESS <u>2820 So. COMPTON</u>			19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown Natural Causes</u>			INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>	
Enter only one cause per line for (a), (b), and (c)			ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			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? 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) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Herbert R. Donke</u> (Degree or title) <u>Herbert R. Donke, M.D., Local Registrar</u>				23b. ADDRESS <u>651 S. Brentwood Blvd.</u>		23c. DATE SIGNED <u>6/24/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>6/22/54</u>		24b. DATE <u>JUNE 23, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CAYARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>	
DATE REC'D BY LOCAL REG. <u>6/22/54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Robert L. + W. Co.</u>		ADDRESS <u>1905 So. GRAND</u>	

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed *Ben E Hoffman*.....

Licensed Embalmer No. *4366*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.