

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17333

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1212

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 town) OR TOWN <u>Manchester</u>		c. CITY OR TOWN <u>Manchester</u>	
c. LENGTH OF STAY (in this place) <u>44 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sulphur Springs Road</u>		STREET ADDRESS (If rural, give location) <u>Sulphur Springs Road</u>	

3. NAME OF DECEASED (Type or Print) <u>Mary</u>			a. (First) <u>L.</u>			b. (Middle) <u>Hauhart</u>			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>May 27, 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Oct 27 1873</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co. Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Herman Hauhardt</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Schlueter</u>			14. NAME OF HUSBAND OR WIFE <u>never married</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>no</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Peter Hauhart</u> ADDRESS <u>Rt 1, Manchester Mo.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Failure</u>							
		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 <u>331x</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) 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 Jan 29, 1955, to May 27, 1955, that I last saw the deceased alive on May 25, 1955, and that death occurred at 1:04 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Herman F. Seay M.D.</u> (Degree or title)			23b. ADDRESS <u>Ballwin, Mo.</u>			23c. DATE SIGNED <u>May 27-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-29, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Ballwin, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>5/28/55</u>		REGISTRAR'S SIGNATURE <u>Harbert R. Dombke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Funeral Home</u> ADDRESS <u>Ballwin, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

*Richard Bapp*

Licensed Embalmer No. 458

P. O. Address *Bullwin, Va.*

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.