Health, Welfare Public Service

300
1-56

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 36676

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY STE. GENEVIEVE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STE. GENEVIEVE — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 249 S. 4th ST — Length of stay in 1b LIFE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY STE. GENEVIEVE
c. CITY OR TOWN STE. GENEVIEVE — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 249 S. 4th ST — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First BERTHA Middle LOUISE Last HAUCK

4. DATE OF DEATH Month NOV Day 5 Year 1956

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED X

8. DATE OF BIRTH SEPT 16 1889

9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) STE. GENEVIEVE MO

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME FRANK HERZOG

14. MOTHER'S MAIDEN NAME LENA GOVRO

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 493-24-6658

17. INFORMANT Mrs Harry Hutson Address Ste. Genevieve Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Indeed

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterial Hypertension — 2
DUE TO (c) Chronic Valvular heart disease — 2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). Thyroid Adenoma 420.1

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 1956, to Nov. 5 1956 and last saw her alive on Sept 22-56
Death occurred at 9:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. Klapproddle M.D.

22b. ADDRESS Ste Genevieve Mo

22c. DATE SIGNED 11-6-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE NOV 8 1956

23c. NAME OF CEMETERY OR CREMATORY VALLE SPRING

23d. LOCATION (City, town, or county) STE. GENEVIEVE (State) MO

24. FUNERAL DIRECTOR Leo C. Barber ADDRESS Ste. Genevieve Mo

25. DATE RECD. BY LOCAL REG. Nov. 6, 1956

26. REGISTRAR'S SIGNATURE Lucille Barber

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

81-0

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Adrian J. Ehler

Licensed Embalmer No. 47

P. O. Address Ste. Genev

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.