

FILED SEP 23 1957

STANDARD CERTIFICATE OF DEATH

State File No. **34464**

BIRTH NO. _____		REG. DIST. NO. 312		PRIMARY REG. DIST. NO. 500		Registrar's No. 2129	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY OR TOWN St. Charles TWP		c. LENGTH OF STAY (in this place) 12 years		c. CITY OR TOWN St. Charles		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Villa Jean				e. STREET ADDRESS (If rural, give location) 11755 Riverwood			
3. NAME OF DECEASED (Type or Print) a. (First) Sister M. b. (Middle) Alphonse c. (Last) Hauer			4. DATE OF DEATH (Month) (Day) (Year) Sept - 1 1957				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov - 25 1871		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 5 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Religion		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Hauer		13b. MOTHER'S MAIDEN NAME Margaret Kroy		14. NAME OF HUSBAND OR WIFE Unmarried			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Sister M. Gertrude ADDRESS 11755 Riverwood			
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) Acute cardiac decompensation				2 weeks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ch. hypertensive cardiac vascular disease.				5 years	
		DUE TO (c) Large ventral hernia				10 years	
		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? 2 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 April 15, 1957 , to Sept 1, 1957 , that I last saw the deceased alive on 8-27 , 1957, and that death occurred at 12:50 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. W. Wengrich (Degree or title) MD				23b. ADDRESS 8321 N Broadway		23c. DATE SIGNED 8-2-57	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9/8/57	24c. NAME OF CEMETERY OR CREMATORY Villa Jean		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. 9-2-57		REGISTRAR'S SIGNATURE Dorbert B. Dombek MD		25. FUNERAL DIRECTOR'S SIGNATURE Guidrich Funeral Home ADDRESS 8319 St. Albans			

(Licensed Embalmer - Statement on Reverse Side)

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 *James Bensley*

Licensed Embalmer No. *3653*

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.