

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019757

STATE FILE NUMBER

FILED MAY 23 1958 Registration District No. 318 Primary Registration District 1003 Registration No. 5154

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
D/ 3147 Allen Ave.		2179 3147 Allen Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last EMILIE C. HANNAUER		4. DATE OF DEATH Month Day Year May 14, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 17, 1869
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		9b. KIND OF BUSINESS OR INDUSTRY At Home	9c. AGE (In years last birthday) 89
10a. FATHER'S NAME Max Fritz		10b. CITIZENSHIP OF WHAT COUNTRY? U.S.A.	
11. MOTHER'S MAIDEN NAME Barbara Splinna		12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No None		14. SOCIAL SECURITY NO. None	
15. INFORMANT Address Wilbur F. Hannauer 3147 Allen Ave.		16. MOTHER'S MAIDEN NAME Barbara Splinna	
17. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage from cerebral artery			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis			Uncertain
DUE TO (c) 331xH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Carcinoma of the coecum			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 May 27, 1949 to May 14, 1958 and last saw her alive on May 12, 1958 Death occurred at 9:42 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE G.O. Broun M.D.		22b. ADDRESS 1325 South Grand Blvd.	
22c. DATE SIGNED 5/14/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 16, 1958	
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. MAY 15 58	
26. REGISTRAR'S SIGNATURE J. Earl Smith, MD S.P.			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *William B. White*.....

Licensed Embalmer No. *429*

P. O. Address *4928 1/2 Long*

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.