

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024095
State File No.

FILED JUL 11 1958

REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 590 Registrar's No. 1727

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 (If outside corporate limits, write RURAL and give township) OR TOWN Glendale		c. CITY OR TOWN Glendale	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 20 years		e. STREET ADDRESS (If rural, give location) 401 Vennemann Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 401 Vennemann Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) RUDOLPH b. (Middle) G c. (Last) HAUTZSCH			4. DATE OF DEATH (Month) (Day) (Year) July 1, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 31, 1887	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR: Months 11 Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturer		10b. KIND OF BUSINESS OR INDUSTRY R.G. Hantzsch Co.	11. BIRTHPLACE (City and State or Foreign Country) Berlin, Germany		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Chas. A. Hantzsch		13b. MOTHER'S MAIDEN NAME Helena Schill		14. NAME OF HUSBAND OR WIFE Anna L. Hantzsch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-10-3293		17. INFORMANT'S SIGNATURE OR NAME Rudolph C. Hantzsch ADDRESS 107 Vennemann, Glendale	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Submening Edema		DUPLICATE OF (b) Arterial Sclerotic Heart Disease		4 hrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.) DUE TO (b) 4200		3 months	
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)		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 7/1, 1958, to 7/1, 1958, that I last saw the deceased alive on 7/1, 1958, and that death occurred at 4 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles Burnside M.D.		23b. ADDRESS 206 N. Olive, Kirkwood		23c. DATE SIGNED 7/2/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/5/58		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
24d. LOCATION (City, town, or county) (State) Kirkwood 22, Mo.					

DATE REC'D BY LOCAL REG. 7-3-58		REGISTRAR'S SIGNATURE Herbert B. Dombek		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Hoff ADDRESS Kirkwood	
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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

Francis J. Mayland Jr.

Licensed Embalmer No. 4572

P. O. Address

Richmond

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.