

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-027013
 State File No.

FILED JUL 28 1958
 BIRTH NO. 752-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6839

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

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 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 town) St. Louis | | c. LENGTH OF STAY (In this place) 16 hr. | | c. CITY OR TOWN St. Louis 4130 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 15 Lutheran Hospital | | e. STREET ADDRESS (If rural, give location) 27 9706 Winkler | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Susan | | b. (Middle) Ann | | c. (Last) Haenchen | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) 7-7-58 | | 5. SEX female | | 6. COLOR OR RACE white | | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant | | 8. DATE OF BIRTH 7-7-58 | | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 16 7 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY none | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Wesley William Haenchen | | 13b. MOTHER'S MAIDEN NAME Lois Marie Moxley | | | |
| 14. NAME OF HUSBAND OR WIFE none | | 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 Wesley Haenchen | | ADDRESS 9706 Winkler | | | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Adrenal Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemorrhage into adrenal glands DUE TO (c) Breech Delivery II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 761.0 | | | | INTERVAL BETWEEN ONSET AND DEATH 16 hrs. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input 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 7-7-1958, to 7-7-1958, that I last saw the deceased alive on 7-7-1958, and that death occurred at 11:30P m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <i>Shaula A. Bailey M.D.</i> | | | | 23b. ADDRESS 3108 S. Grand | | 23c. DATE SIGNED 7-8-58 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 7/9/58 | | 24c. NAME OF CEMETERY OR CREMATORY Lakewood Park | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | |
| DATE REC'D BY LOCAL REG. JUL 9 58 | | REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>J. A. Howard 1619 So. Grand.</i> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Not EMBALMED.

Signed.....

Joseph A. Howard

Licensed Embalmer No. *413*

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.