

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17324  
State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4100**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>822 Geyer Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>822 Geyer</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>	b. (Middle) <b>H.</b>	c. (Last) <b>HAUCK</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 4 - 49</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 7, 1903</b>	9. AGE (In years last birthday) <b>45</b>	IF UNDER 1 YEAR Days <b>11</b>	IF UNDER 24 HRS. Hours <b>27</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CUTTER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>BENNWOOD-LINZEE</b>	11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS, MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>MICHAEL HAUCK</b>	13b. MOTHER'S MAIDEN NAME <b>CATHERINE ECKERT</b>	14. NAME OF HUSBAND OR WIFE <b>ETHEL HAUCK</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY <b>489-07-5084</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ethel HAUCK</b>	ADDRESS <b>822 Geyer</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary tuberculosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Ch. myocarditis</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>12th</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fall</b>
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22. I hereby certify that I attended the deceased from **March 15, 1949**, to **May 4, 1949**, that I last saw the deceased alive on **May 4, 1949**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. Schneiderwolf M.D.</b>	(Degree or title)	23b. ADDRESS <b>2026 27th Ave.</b>	23c. DATE SIGNED <b>5/4/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>5-7-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SS. Peter + Paul Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS</b>
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DATE REC'D BY LOCAL REG. <b>MAY 7 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Lassiter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutis</b>	ADDRESS <b>2906 Gravois</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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*Handwritten mark*

**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.

Signed *Leo J. Budd*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo.

**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 this body is not embalmed, fact should be so stated above.