

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

4620

**1. PLACE OF DEATH**

County..... Registration District No. 791 File No. ....  
 Township..... Primary Registration District No. 7003 Registered No. 1304  
 City St. Louis (No. Alexian Bros Hospital St. .... Ward)

**2. FULL NAME**

(a) Residence No. 4152 Bates St. 1 Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 5-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 | 11 | 19 |    day,    hrs. or    min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Waiter  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Joseph Hautz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

14. INFORMANT Joseph Hautz  
 (Address) 4152 Bates St

15. FILED 27 1929 Max C. Stahly REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1929, to Jan 24, 1929 that I last saw him alive on Jan 24, 1929, and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Embolus

82 B  
98 B (duration) 10 min yrs.    mos.    ds.

CONTRIBUTORY (SECONDARY) Saune Sanguine  
 of 100 (duration) 4 yrs. 7 mos.    ds.

18. WHERE WAS DISEASE CONTRACTED     
 IF NOT AT PLACE OF DEATH   

DID AN OPERATION PRECEDE DEATH?    DATE OF   

WAS THERE AN AUTOPSY?   

WHAT TEST CONFIRMED DIAGNOSIS?   

(Signed) H. O. Hiesberg, M. D.  
 , 19 (Address) 3010 S. Grand Blvd

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter Paul DATE OF BURIAL Jan 28 1929

20. UNDERTAKER Wacker-Heldler ADDRESS 2331-5 Blvd