

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

Do not use this space.

6389

1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis No. 1427 13 Broadway

File No.....  
Registered No. 1288  
St. .... Ward

2. FULL NAME

Joseph Haderlein  
(a) Residence No. 1427 13 Broadway St. 23 Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
about 62

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Stm Keeper  
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 5 years  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlyle, Ill

10. NAME OF FATHER Henry Haderlein

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

12. MAIDEN NAME OF MOTHER Anna Wachtel

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

14. INFORMANT Anna Haderlein (Address) 1427 13 Broadway

15. FILED -1 1928 Wm. J. Family REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2/ 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1928, to 2/2, 1928 that I last saw alive on 2/1, 1928, and that death occurred, on the date stated above, at 3 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Flu - pneumonia  
Lobar  
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Centris of Liver  
Alcoholic (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH 101 W

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. J. Family, M.D.  
2/2, 1928 (Address) 1807 18

\*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 Carlyle, Ill DATE OF BURIAL Feb 5 1928

20. UNDERTAKER Wm. J. Family ADDRESS 1926 Allen

RECORD  
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

