

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

Do not use this space.

38222

1. PLACE OF DEATH

County Registration District No. 780
 Township Primary Registration District No. 4466
 City St. Genevieve (No. St. Ward)

File No.
 Registered No. 48

2. FULL NAME

(a) Residence. No. St. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 10 29

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St. Genevieve
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Oscar R. Haetting

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gen. Wilts
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Myrtle Bodenschatz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Old Appleton
 (STATE OR COUNTRY) Missouri

14. INFORMANT Oscar R. Haetting
 (Address) St. Genevieve Mo

15. FILED Nov 6 1929 T.W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1929, to Nov 5, 1929, that I last saw *h.m.* alive on Nov. 5, 1929, and that death occurred, on the date stated above, at 8:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Burn of Back, thighs + legs

(duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Toxaemia (from burn)
 (duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

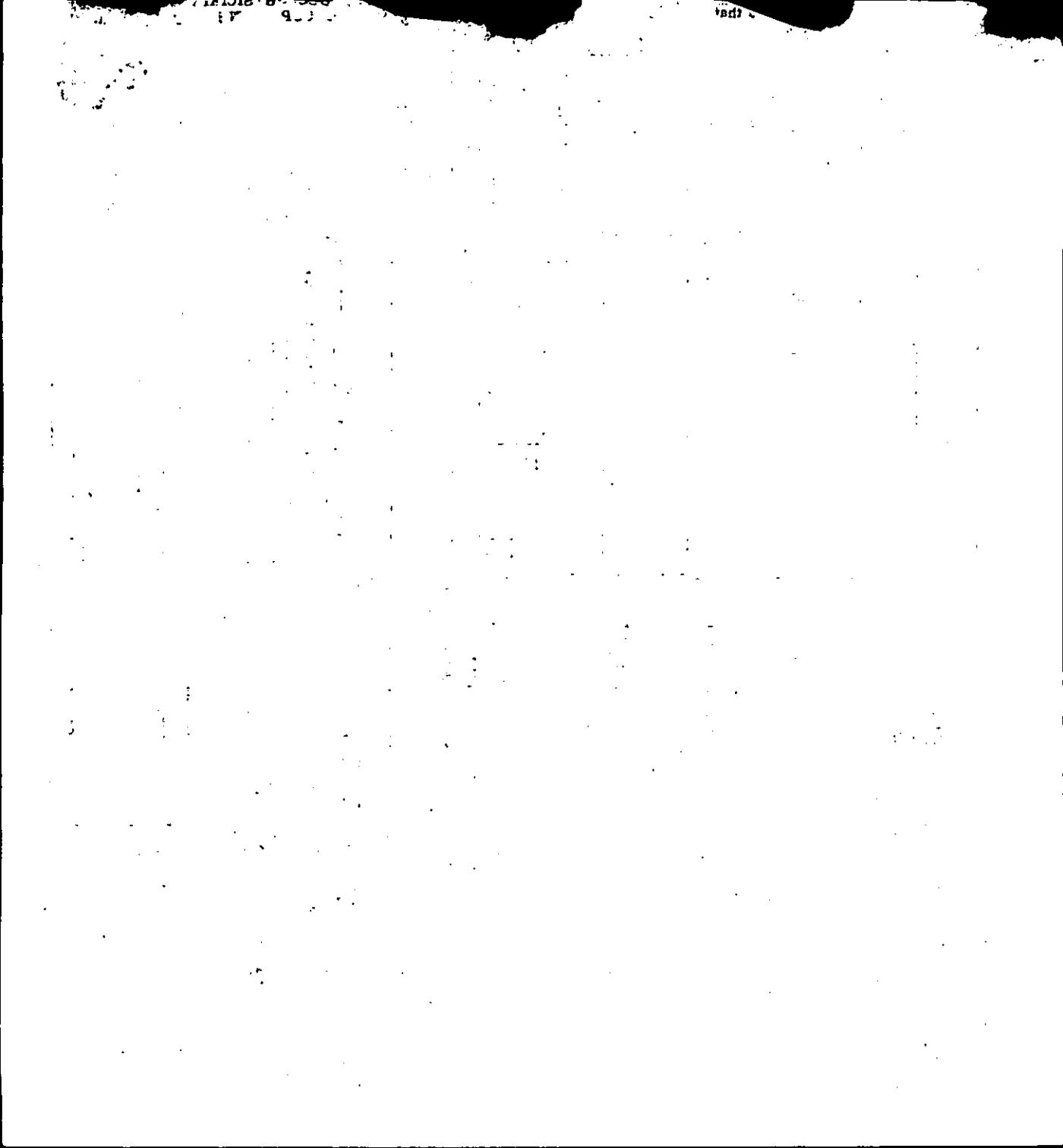
WHAT TEST CONFIRMED DIAGNOSIS Chemical
 (Signed) Ab. Laupras, M. D.

11/6, 1929 (Address) St. Genevieve Mo

*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. Genevieve Mo DATE OF BURIAL Nov. 7 1929

20. UNDERTAKER John Basler St. Genevieve Mo ADDRESS



S-38222