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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 38689

Township ..... Primary Registration District No. 1003 ..... Registered No. 11103

City St. Louis (No. 1948 St. Louis Ave. St. ..... Ward)

2. FULL NAME Fred. M. Havermann

(a) Residence. No. 1948 St. Louis Ave., St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 7, 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	56	9	6	

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

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Red Bud Ill

PARENTS

10. NAME OF FATHER Frederick Havermann

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

12. MAIDEN NAME OF MOTHER Margaret Roth

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

14. INFORMANT Mae Walsh Havermann
(Address) 1948 St. Louis

15. FILED ..... 19 ..... Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 13 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Nov 13, 1929 that I last saw him alive on Nov 12, 1929, and that death occurred, on the date stated above, at 1:00 A M m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
59 Chronic Myocarditis
93 C

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? No

(Signed) F. Wenhoff, M. D.
Nov 13, 1929 (Address) 3206 Lafayette Ave

*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	DATE OF BURIAL
Calvary	Nov. 15 1929
20. UNDERTAKER Theo. H. Beiderwieden	ADDRESS 1936 St. Louis

N. B.—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.

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