WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

2843

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1002

City St. Louis (No. 4332, College Ave St. ..... Ward)

File No. ..... Registered No. 547

2. FULL NAME Edmund H. Haverforth

(a) Residence, No. 4332 College Ave St., 10 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Josephine V. Haverforth (Walter)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 16, 1864

7. AGE: YEARS 67 | MONTHS 10 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Letter Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo. 1

FATHER

13. NAME: William Haverforth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: Augusta Vogt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Philadelphia Penn 2

17. INFORMANT (ADDRESS): Miss Augusta G. Haverforth 4332 College Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Friedens DATE: 1-18-1932

19. UNDERTAKER (ADDRESS): Math. Hermann & Son 4161 East Fair Ave.

20. FILED: JAN 18 1932, 19 Max C. Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/25, 1931, to 1-15, 1932

I last saw him alive on 1-15, 1932. Death is said to have occurred on the date stated above, at 6:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	indefinite
131	
936	

(1)

Other contributory causes of importance:

Nephritis — Chronic Int

131

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Clarence G. Drum, M. D.

(Address) 1925 Union