

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

Do not use this space.

37123

1. PLACE OF DEATH

County..... Registration District No. 197
Township..... Primary Registration District No. 6900
City St. Louis (No. 3853 Utah Pl.) St. Ward)

File No.
Registered No. 9726
St. Ward)

2. FULL NAME: Haeckel, Catherine Cleonora

(a) Residence, No. 3853 Utah Pl. St. 16 Ward.

Length of residence in city or town where death occurred 60 yrs. 9 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 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) Jan. 17 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 9 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 244
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

FATHER
13. NAME Christoph Haeckel

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

MOTHER
15. MAIDEN NAME Cleonora Jettels

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 10

17. INFORMANT Charles F. Haeckel (ADDRESS) 3853 Utah Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cemetery DATE Nov. 4 1932

19. UNDERTAKER Beidermiden Funeral Home (ADDRESS) 1936 5th Ave. St. Louis

20. FILED NOV -3 1932 W. C. Turley Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1 - 1932

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1932, to Nov 1, 1932

I last saw her alive on Nov 1, 1932 Death is said to have occurred on the date stated above, at 9:00 p.m.

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

Date of onset March 20 1932
50 53E 50
General Carcinomatosis
Other contributory causes of importance: Carcinoma of L Breast

Name of operation Amputation Breast Date of March 1934
What test confirmed diagnosis? Laboratory Was there an autopsy? no

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? _____ If so, specify _____

(Signed) D. M. Gibson M. D.
(Address) 4337 Washington Blvd.

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.

