WHITE PERMANENT, 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.

41370

File No.
Registered No. 61

1. PLACE OF DEATH
County Ste. Genevieve
Township Ste. Genevieve
City (No. , St. Ward)

Registration District No. 780
Primary Registration District No. 6025

2. FULL NAME Bernard Haunert

(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 5½ 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1 1855

7. AGE: Years 77 | Months 8 | 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. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 65 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
13. NAME Bernard Haunert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Frank E. Haunert
(ADDRESS) Ste. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Weingarten Mo DATE Dec 6 1932

19. UNDERTAKER John Basler
(ADDRESS) Ste. Genevieve Mo

20. FILED Dec 3 1932 T. W. Douglas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1932, to Dec 2nd 1932
I last saw him alive on Dec 1st 1932. Death is said to have occurred on the date stated above, at 10:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	1920
Arterio Sclerosis	1920
9 P.C.	
1 P.C.	
3 P.C.	
Other contributory causes of importance: La Grippe	Dec 1 1932

Name of operation NO Date of
What test confirmed diagnosis? Clinical 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) Arthur E. Seyrauer M. D.
(Address) Ste Genevieve Mo