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

Do not use this space.

File No. 21136

Registered No. 4904

1. PLACE OF DEATH

County ..... Registration District No. 708

Township ..... Primary Registration District No. 10003

City St. Louis (No. City Hospital ..... St. ..... Ward)

#1716

2. FULL NAME Donald Haffner

(a) Residence, No. 4776 Spaulding Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2½ 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) Sept. 11th 1929

7. AGE: Years 3 | Months 8 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston Illinois

FATHER

13. NAME Andrew Haffner

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

MOTHER

15. MAIDEN NAME Dora Franzel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Staunton Illinois

17. INFORMANT (ADDRESS) Hospital Information City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Staunton, Ill DATE June 6 1933

19. UNDERTAKER L. B. Tanner
(ADDRESS) 6107 Natural Bridge Av

20. FILED JUN -5 1933 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1933 to June 3rd 1933
I last saw him alive on June 3rd 1933 Death is said to have occurred on the date stated above, at 7:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	
911	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. 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? No
If so, specify .....

(Signed) J. Wollman, M. D.
(Address) City Hospital

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.

Haffner