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

Do not use this space.

File No. 25004

Registered No. 6421

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1641 A.P.

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

2. FULL NAME Siemens Haffe

(a) Residence, No. 3000 Lee Ave. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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 Lydia Haffe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
61	6	3	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Artistic Furniture Co.

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

FATHER

13. NAME Siemens Haffe

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

MOTHER

15. MAIDEN NAME Not Known

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

17. INFORMANT (ADDRESS) Mrs. Lydia Haffe 3000 Lee Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Friedens DATE July 25 1933

19. UNDERTAKER (ADDRESS) Wm. H. Hermann & Son 3161 East Fair Ave.

20. FILED ....., 19.... J. F. Budeck
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1933, to July 22, 1933

I last saw him alive on July 22, 1933. Death is said to have occurred on the date stated above, at 9:30 p.m.

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

	Date of onset
Diffuse peritonitis following removal of perforated gangrenous appendix	

Other contributory causes of importance:

Name of operation appendectomy Date of 7-17-33

What test confirmed diagnosis? clinical 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) W. M. Winn, M. D.

(Address) 413 Wall Bldg.

AUG 26 1933

...ON OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.