

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

Do not use this space.

28458

1. PLACE OF DEATH

County St. Louis City
Township St. Louis
City St. Louis

Registration District No. 701
Primary Registration District No. 3456

File No. _____
Registered No. 6803
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1344 Page Blvd St. 11 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 M | 4. COLOR OR RACE W | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs. John H. Haun

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 1 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Pac. R.R.
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 Missouri

MOTHER FATHER
13. NAME John H. Haun

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

15. MAIDEN NAME Anna Schneider

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT Mrs. Clara Haun
(ADDRESS) 4344 Page Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Graves Cem. DATE Aug 5, 1933

19. UNDERTAKER L. L. Aleitich Inc
(ADDRESS) 5966 Eastern Ave

20. FILED 5 1933 19 J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-2, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to Aug 2, 1933

I last saw him alive on 8-2-33, 19____. Death is said

to have occurred on the date stated above, at 5:40 p.m.

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

36

Septicemia (Strep. Viridans)

Date of onset

Other contributory causes of importance:

36

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? _____

If so, specify _____

(Signed) Carroll F. Leggett M. D.

(Address) Missouri Pacific Hosp.
St. Louis

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.

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

LABORATORY OF ORGANIC CHEMISTRY

CHICAGO, ILLINOIS

1954

RESEARCH REPORT

NO. 10

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WITH

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