

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

Do not use this space.

JAN 13 1936

1. PLACE OF DEATH

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1008  
City St. Louis (No. 4134 Maffitt Ave.) ..... St. 10710 Ward)

2. FULL NAME George J. Haberberger

(a) Residence, No. 4134 Maffitt Ave. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Haberberger  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9th, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
67 4 7  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engraver  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Adams Sta. 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.

13. NAME George Haberberger

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

15. MAIDEN NAME Annie Huber

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

17. INFORMANT (ADDRESS) Mrs. Anne Haberberger  
4134 Maffitt Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE Dec. 18th, 1935

19. UNDERTAKER (ADDRESS) Hirschmann & Havel  
1905 Union Blvd.

20. FILED Dec 18 1935 J. P. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15th, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1928 to Dec. 15, 1935  
I last saw him alive on Dec. 10, 1935 Death is said to have occurred on the date stated above, at 5:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic heart disease Date of onset 6 mo.  
Arterio-sclerosis generalised 6 mo.  
Hypertension 6 mo.

Other contributory causes of importance:  
Carcinoma of rectum & removal

Name of operation Kraskey Date of 1930  
What test confirmed diagnosis? urine lab. 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) Harold G. Newman, M. D.  
(Address) 3720 Washington Ave.

2.2 New York (H. F.)

3722 Washington

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