

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.

JUL 14 1936

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

Do not use this space.

791

24939

1. PLACE OF DEATH

County.....
Township.....
City St Louis Mo (No.)

Registration District No.
Primary Registration District No. 1003

File No.
Registered No. 6595 Ward

2. FULL NAME

John Habast

(a) Residence, No. City Jefferson St. 13 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 13 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 2 1881</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>11</u>
	DAYS <u>6</u>	IF LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>cooper</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>cooper</u>	
	10. Date deceased last worked at this occupation (month and year) <u>December 1935</u>	

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

13. NAME
Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown Missouri

15. MAIDEN NAME
Unknown

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

17. INFORMANT (ADDRESS)
T. C. Campbell 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE
Washington U DATE 6-10 1936

19. UNDERTAKER (ADDRESS)
W. Richter 2570 Rutger St

20. FILED JUN 30 1936
J. B. Beck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1936

22. I HEREBY CERTIFY That I attended deceased from 1-1-1936 to 6-7-1936

I last saw him alive on 4-7-36 Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Coronary Occlusion 6-6-36

Other contributory causes of importance:

930
Arteriosclerosis 1929+
Chr. myocarditis 11

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? NO
If so, specify.....

(Signed) T. C. Campbell, M. D.
(Address) 5400 Arsenal St.

