

DEC 3 1936

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

Do not use this space.

42545

## 1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **Saint Louis, Missouri** (No. **City Hospital**).File No. ....  
Registered No. **11049**  
St. .... Ward)2. FULL NAME **Donald Haegele.**(a) Residence, No. **3448a Indiana Ave.** St. **24** 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Infant.</b>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **November 1st, 1936.**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<b>0</b>	<b>0</b>	<b>4</b>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	<b>Infant</b>
	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) **Saint Louis.**  
(STATE OR COUNTRY) **Missouri.**

FATHER	13. NAME	<b>Edwin Haegele</b>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<b>Saint Louis, Missouri.</b>

MOTHER	15. MAIDEN NAME	<b>Julia Boster</b>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<b>Saint Louis, Missouri.</b>

17. INFORMANT **Edwin Haegele.**  
(ADDRESS) **3448a Indiana Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **St Matthews Cem.** DATE **November 5, 1936**19. UNDERTAKER **Gegenhein Bros.**  
(ADDRESS) **2623 Cherokee Street.**20. FILED **NOV 5 1936** **J. H. Redick**  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 5th, 1936.**22. I HEREBY CERTIFY, That I attended deceased from **11/1/36**, 19....., to **11/5/36**, 19.....  
I last saw him live on **11/5/36**, 19..... Death is said to have occurred on the date stated above, at **2:30 A.M.**The principal cause of death and related causes of importance were as follows:  
Date of onset

*Imperforate Anus*  
*Imperforate Anus for which a operation was performed*

Other contributory causes of importance: **157d**

Name of operation **Coburn** Date of **11/2/36**  
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 **J. E. Gegenhein**  
(Signed) **J. E. Gegenhein** M. D.(Address) **City Hospital No. 4**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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