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

Do not use this space.

MAR 5 1937

File No. 7979

Registered No. 1494

1. PLACE OF DEATH

County

Township

City St. Louis

Registration District No. 791

Primary Registration District No. 1003

(No. 4833 Austria St. Ward)

2. FULL NAME Robert W. Haul

(a) Residence, No. 4833 Austria St., 2 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: Katherine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 14, 1859

7. AGE: Years 77 | Months 11 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired railroad

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: supplyman

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): Germany

FATHER

13. NAME: Not known

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: William Haul
(ADDRESS) 4417 Itaska

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Paul Chyd. DATE 2/1/37, 19

19. UNDERTAKER: John L. Ziegenhein & Sons
(ADDRESS) 7027 Gravois Avenue

20. FILED FEB 1 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1937, to Jan 30, 1937

I last saw him alive on Jan 30, 1937. Death is said to have occurred on the date stated above, at 2 A.M.

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

	Date of onset
Double Lobar Pneumonia	Jan 24

Other contributory causes of importance:

chronic nephritis	1927

Name of operation — Date of

What test confirmed diagnosis? Physical 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) Walter L. Bailey, M. D.

(Address) Affton

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.