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.

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 18304

Township ..... Primary Registration District No. 1003 Registered No. 4880

City St. Louis, (No. ....., Deaconess Hospital, St. ..... Ward)

2. FULL NAME George Haupt.

(a) Residence, No. 1909A Arsenal St. St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Mary Haupt.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28th 1869.

7. AGE 48 — YEARS 67 — MONTHS 11 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) (STATE OR COUNTRY) Germany

FATHER

13. NAME Unknown,

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mary Haupt. 1909A Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Burial Park DATE May 15, 1937

19. UNDERTAKER (ADDRESS) Ziegenhein Bros. 2623 Cherokee St

20. FILED MAY 13 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12th 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1937, to May 12, 1937

I last saw him alive on May 12, 1937. Death is said to have occurred on the date stated above, at 4.30 m. P.M.

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

Carcinoma Prostate — Date of onset ?

5/C

Other contributory causes of importance: Chronic Interstitial nephritis

Name of operation Prostatectomy Date of 5/12/37

What test confirmed diagnosis? Laboratory 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) J P Altside, M. D.

(Address) 607 N Grand

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