

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

Do not use this space.

AUG - 5 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City St. Louis, Mo. (No. Barnes, Hospital) St. Ward)

25607

File No.
 Registered No. **6781** St. Ward)

2. FULL NAME Frederick Samuel Haerberle

(a) Residence, No. 3206 Hebert St., 10 Ward. (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 Helen C. Haerberle,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1st, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>70</u>	<u>11</u>	<u>13</u>		

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

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) St. Louis, Mo.

13. NAME Louis F. Haerberle

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

15. MAIDEN NAME Flora Bock,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterloo, Ills.

17. INFORMANT Helen Carter Haerberle (ADDRESS) 3206 Hebert Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Cem. DATE July 16th, 37

19. UNDERTAKER Henry Reiderer Mfg. Co. (ADDRESS) 1417 N. Market Street.

20. FILER J. F. Bredeck (Address) 75 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 - 14 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 7 - 10 - 1937, to 7 - 14 - 1937

I last saw him alive on 7 - 14 - 1937. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Coronary Occlusion Date of onset 4 days
Coronary Arterio-sclerosis 20 years
Acute Myocardial Insufficiency 24 hours

Other contributory causes of importance: 59
Diabetes Mellitus 20 years
Pylo. Infection 10 years
Arterio-sclerosis 20 years

Name of operation Autopsy Date of 7-14-37
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) B. H. Charles M. D.
 (Address)

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.

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