

REC'D APR 11 1938

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

8980

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **St. Anthony's Hospital** Registered No. **2569**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Edith Haupt 130**

(a) Residence, No. **LeMay Mo.** St. **NR**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **Joseph Haupt**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 13, 1878**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 4 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**
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) **England**

13. NAME **Unknown Dixon**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

17. INFORMANT **Joseph Haupt**
(ADDRESS) **LeMay Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter & Paul** DATE **3-19**, 19**38**

19. FUNERAL DIRECTOR **Kriegshauser Mortuaries**
(ADDRESS) **4228 So. Kingshighway**

20. FILED **MAR 17 1938** **J. F. Brubaker**
(Official Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-16**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 15**, 19**38**, to **Mar. 16**, 19**38**
I last saw **her** alive on **Mar 16**, 19**38**. Death is said to have occurred on the date stated above, at **11 A.M.**

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

Gangrene of Leg
Date of onset **Mar 8/38**

Other contributory causes of importance:

Diabetes mellitus
Chronic Myocarditis

Name of operation **none** Date of
What test confirmed diagnosis? **urine** 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) **W. M. B. ...**, M. D.
(Address) **30145 Jefferson**

3014
1130
to)
J.H.H.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *Edward M. Bennett*

Licensed Embalmer No. *3024*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)