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

REC'D APR 11 1938

9300
Do not use this space.

Registration District No. 1003 791

Primary Registration District No.

Registered No. 2889

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis (d) Street No. St. Lukes Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., If of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Samuel Havener 156
(a) Residence, No. 1457a Monroe St. St. 26
(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: 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 Havener

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12th.1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	8	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe worker
9. Industry or business in which work was done, as saw mill, bank, etc. Buster Brown Co.
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) Greenville Ills.

FATHER
13. NAME George Havener
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Anna ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Mary Havener
(ADDRESS) 1457a Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens Cemetery DATE 2-28-38 19

19. FUNERAL DIRECTOR Provost Und. Co.
(ADDRESS) 3710 N. Grand Blvd.

20. FILED MAR 28 1938 J. B. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26-38 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1938, to Mr. 25, 1938
I last saw him alive on Mr. 25, 1938. Death is said to have occurred on the date stated above, at 11.38 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess, rt. temporal caused by chr. mastoiditis	old
	2 months or more

6285

Other contributory causes of importance:

Mastoiditis, clar. rt	15 yrs.
Patural sinus thrombosis	8 weeks

Name of operation 1) mastoidectomy 2) ligation of jugular vein 3) drainage of brain abscess Date of 1) 2-10-38 2) 3-24-38 3) 3-26-38
What test confirmed diagnosis? X-ray 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? No
If so, specify
(Signed) Mark Bryan, M. D.
(Address) 5262 Maple Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

I X12004

Dr Brinkman
St Charles Hosp
sun. 10 a.m.

STATEMENT BY LICENSED EMBALMER

I, Robert L. Brinkman, Licensed Embalmer No. 3553

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E. 3553

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Robert L Brinkman

Licensed Embalmer No. 3553

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.)