

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

15935  
 Do not use this space.

REC'D MAY 6 1938

**1. PLACE OF DEATH**

(a) County ST. LOUIS CO. Registration District No. 784  
 (b) Township ST. IRVING Primary Registration District No. 220  
 (c) City Baden Station (d) Street No. RIVERVIEW DR ST. LOUIS CO. St. St. Louis Co.  
 (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 40 yrs. mos. ds. (f) How long in U.S., if of foreign birth? 60 yrs. 1 mos. ds.

**2. PRINT FULL NAME**

CHRISTIAN HAEFFNER 156  
 (a) Residence, No. RIVERVIEW DR BADEN STATION R 2. (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) WIDOWED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF THERESA HAEFFNER  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 23 - 1857  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 1 15

OCCUPATION 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. FARMER  
 10. Date deceased last worked at this occupation (month and year) (f. 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) CHRIST HAEFFNER RIVERVIEW DR ST. LOUIS CO.

18. BURIAL, CREMATION, OR REMOVAL PLACE VAN HANNA CEM DATE APRIL 9 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) DIETRICH R. HOME 8519 Halls Ferry Rd

20. FILED 4-8 1938 J. R. Meyers Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4:30 m. The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
 92c  
 Date of onset  
 Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? History 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) John C. Smith, M. D.  
 Coroner of St. Louis County

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

*Guy W. Wilkinson* \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. *3575* \_\_\_\_\_, working under my personal supervision.

Signed *Guy W. Wilkinson* \_\_\_\_\_

Licensed Embalmer No. *3575* \_\_\_\_\_

P. O. Address *St. Louis* \_\_\_\_\_

**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.)**

**If this body is not embalmed, above space should be left blank.**