

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.

REC'D JUN 9 1938

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

16666

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **City Hosp. #1** Registered No. **4527**
(e) Length of residence in city or town where death occurred yrs. **19** mos. **11** ds. **26** (f) How long in U. S., if of foreign birth? **19** yrs. **11** mos. **26** ds.
(If death occurred in Hospital, Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. **EDWIN HAEFFNER** **156** St. **W.P.** **Baden Sta. Mo.**
(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) **SINGLE**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JUNE 29-1918**

7. AGE YEARS **19** MONTHS **10** DAYS **28** If LESS than 1 day, hrs. or min.

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) **MAY 13-1938** 11. Total time (years) spent in this occupation **10 3/4**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

FATHER 13. NAME **CHRIST HAEFFNER**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **PENDELTON Mo.**

MOTHER 15. MAIDEN NAME **ANNA ROTH**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Co. Mo.**

17. INFORMANT **CHRIST HAEFFNER** (ADDRESS) **BADEN STATION R 3**

18. BURIAL, CREMATION, OR REMOVAL PLACE **BETHLEHEM CEM.** DATE **MAY 18-1938**

19. FUNERAL DIRECTOR (NAME) **DIEDRICH F. HOME** (ADDRESS) **8219 Stella Ferry Rd.**

20. FILED **MAY 17 1938** **J. P. Brudack** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MAY 15 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 **5:20 AM**

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

Subdural Haemorrhage of Brain; Laceration of right eyebrow; Abrasions of the face and Fracture of right arm, as a result of running into the rear end of a parked automobile, while riding a motorcycle, about 9800 Riverview Drive, about Date of onset

Other contributory causes of importance: **3:30 A.M., May 15, 1938. 2 1/2 M**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Accident** Date of injury **5/15, 1938**

Where did injury occur? **St. Louis** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **public place**

Manner of injury **See above**
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **Y**

If so, specify **Alfred J. Perry**

(Signed) **Alfred J. Perry** (Address) **Deputy Coroner**

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,

Arthur P. Dierdich 8319 Halle Ferry Rd. or by

Registered Apprentice No., working under my personal supervision.

Signed

Arthur P. Dierdich

Licensed Embalmer No.

3556

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.