

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

23597
 Do not use this space.

1. PLACE OF DEATH
 (a) County DECATUR 12 1938 Registration District No. 791
 (b) Township _____ Primary Registration District No. 1003
 (c) City St. Louis Mo. (d) Street No. Deaconess 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Sherman Haff 100
 (a) Residence, No. 5341 Murdoh Ave. St. 14 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Haff
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-2-1896
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 4 10
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Asst. traf. mgr.
 9. Industry or business in which work was done, as saw mill, bank, etc. Liggett & Meyers
 10. Date deceased last worked at this occupation (month and year) 7-11-1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis 0
 (STATE OR COUNTRY) Mo. 0

FATHER 13. NAME James Haff 0

14. BIRTHPLACE (CITY OR TOWN) Mo. 0
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mö nnie Sherman

16. BIRTHPLACE (CITY OR TOWN) Mo.
 (STATE OR COUNTRY)

17. INFORMANT Mary Haff
 (ADDRESS) 5341 Murdoh Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE 7.15.38

19. FUNERAL DIRECTOR (NAME) Alexander and Sons
 (ADDRESS) 8175 Delmar Blvd.

20. FILED JUL 14 1938 J. F. Brudeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1938
 22. I HEREBY CERTIFY, That I attended deceased from July 11, 1938, to July 12, 1938
 I last saw him on July 12, 1938 Death is said to have occurred on the date stated above, at 4:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Artery Thrombosis Date of onset 2 days
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? ECG Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) Joseph H. Davie, M. D.
 (Address) Century Bldg

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.

Dr. Joe Davis
Century Bldg.

Hamfield 1276

4615 Lindell

Posedale 4361

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,

Joe E. McCulloch, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed Joe E. McCulloch

Licensed Embalmer No. 2462

P. O. Address 6175 Delmar
Hamfield 1276

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.