

REC'D DEC 12 1938

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

37158
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 Hospital No. 1** St.
(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

Andrew Haun
(a) Residence, No. **4632 Sacramento** (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 **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 11, 1864**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 7 20

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. **nil**
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) **Tennessee**

FATHER 13. NAME **Green Haun**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unkown**

MOTHER 15. MAIDEN NAME **Unkown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unkown**

17. INFORMANT **Hosp. Info M. Kent**
(ADDRESS) **City Hosp. No. 1.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedens Cem.** DATE **Nov. 2, 1938**

19. FUNERAL DIRECTOR (NAME) **Stroott Carroll**
(ADDRESS) **4600 Natural Bridge**

20. FILED **NOV 1 1938** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/31/38** 19
22. I HEREBY CERTIFY, That I attended deceased from **10/29/38** to **10/31/38**
I last saw him **10/31/38** alive on **10/31/38** 19. Death is said to have occurred on the date stated above, at **12/20** a.m.

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

Carcinoma of prostate Date of onset
Chronic Hemorrhagic nephritis

Other contributory causes of importance:

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? 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?
If so, specify (Signed) **Albert H. France** M. D.
(Address) **1515 Lafayette**

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,

....., or by

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

Signed

Grant H. Street

Licensed Embalmer No. 2265-

P. O. Address

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.