

REC'D MAR 13 1939

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

5030

Do not use this space.

1723

1. PLACE OF DEATH

- (a) County Registration District No. **791**
- (b) Township Primary Registration District No. **1003**
- (c) City (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- 200 Baby boy Haug**
- (a) Residence, No. **1028 Oakview Place** St. **4** (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) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1939		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, 3 hrs. or 30 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.	
	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) St. Louis, Mo.		
FATHER	13. NAME S. Berry Haug	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty, Mo.	
MOTHER	15. MAIDEN NAME Jean Shain	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia, Mo.	
17. INFORMANT S. Berry Haug (ADDRESS) 1028 Oakview Place		
18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem. DATE 2-24-39		
19. FUNERAL DIRECTOR Ira. Hamilton (ADDRESS) City Health Dept.		
20. FILED J. F. Brudak Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 18, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 18, 1939, to Feb. 18, 1939**

I last saw him alive on **Feb. 18, 1939**. Death is said to have occurred on the date stated above, at **10:00** p.m.

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

Respiratory Failure

154

Date of onset

Other contributory causes of importance:
Prematurity (10 weeks only)

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) **J. Russell Vaughan** M. D.
 (Address) **St. Lukes Hospital St. Louis**

FEB 23 1939

(Licensed Embalmer's Statement on Reverse Side)

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.

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

I X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

..... L. E.

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)