

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

Do not use this space.

8891

**1. PLACE OF DEATH**

County Jewish Hospital Registration District No. 791  
Township St. Louis Primary Registration District No. 1003  
City Mo (No. 6) St. Ward

File No. \_\_\_\_\_  
Registered No. 2374  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Haffner  
(a) Residence, No. 5114 Eden St. 6 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HUSBAND OF MRS. ANNA HAFNER		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JAN. 7, 1867</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>3</u>	DAYS <u>3</u>
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Feed Merchant</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Feed Store</u>		
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) <u>AUSTRIA</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1939, to March 10, 1940

I last saw him alive on March 10, 1940. Death is said to have occurred on the date stated above, at 7 P.M.

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

- ① Hematemesis - Etiology - Unknown Date of onset 2-25-40
- ② acute Urinary Infection: 2-29-40  
Pylonephritis - non Calculous
- ③ Anuria - Renal Failure - 3-9-40  
secondary to ②

Other contributory causes of importance:  
① Benign Prostatic Hypertrophy 3-9-40  
terminal uremia  
137  
Nov 1939

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? L.H.B. DATA + P.E. Was there an autopsy? yes

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) Alfred Fleischman, M. D.  
(Address) 4500 Olive

FATHER	13. NAME <u>W. Haffner</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>
MOTHER	15. MAIDEN NAME <u>unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
17. INFORMANT (ADDRESS) <u>Sons - Harry Haffner</u> <u>630 Vandeventer</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cheverre Kadisha</u> DATE <u>3/12/40</u>	
19. UNDERTAKER (ADDRESS) <u>A. Rindshoff</u> <u>2 Canal + Delmar</u>	
20. FILED <u>MAR 11 1940</u> <u>J. F. Budich</u> Registrar.	

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

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.

1 X 7284

