

Registration District No. 791

Primary Registration District No.

Registrar's No. 7844

1. PLACE OF DEATH: <sup>50</sup> 1940

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3661 McDonald  
(If not in hospital or institution, write street number or location) 12

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 50 years  
years, months or days

8. (a) PRINT FULL NAME Hermina Haarstick

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. 490-01-6914

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 5 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61	6	18	hr. _____ min. _____
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9. Birthplace Hanover Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Stenographer

11. Industry or business Lawyer's office

MOTHER FATHER { 12. Name August Haarstick

13. Birthplace Hanover Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Ohlendorf

15. Birthplace Hanover Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm L. Haarstick

(b) Address 7725 Lindbergh Dr.

17. (a) Cremation (b) Date thereof Sep. 21, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Jrs. L. Ziegenhein

(b) Address 7027 Gravois Ave.

19. (a) SEP 20 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis 16  
(If outside city or town limits, write "RURAL")

(d) Street No. 3661 McDonald  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 19 19  
year 1940 hour 2 minute 15 AM.

21. I hereby certify that I attended the deceased from April 1940  
\_\_\_\_\_ 19 \_\_\_\_\_ to present 19 \_\_\_\_\_;  
that I last saw her alive on September 18, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Extensive Carcinoma of Left Breast with metastases

Due to Cardiac Failure

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy NONE

Duration  
4 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature Moris Herman (M. D. or other) M.D.  
Address 3651 Grandel Bg. Date signed 9/19/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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..... *C. P. Kidwell* .....

Licensed Embalmer No..... *3877* .....

P. O. Address..... *7027 Gravel* .....

**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.**