

Registration District No. 00757

Primary Registration District No. 3036

Registrar's No. 157

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1523 St. Avelley St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days) Life Time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1523 St. Avelley St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4
year 1940 hour 1 AM minute 15 A. M.
21. I hereby certify that I attended the deceased from Aug 14
1940 to Sept 4 1940
that I last saw him alive on Sept 3 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Arteriosclerosis

Duration

Due to Slight-Heart-Stroke

Due to _____
Other conditions 191
(Include pregnancy within 3 months of death) 40

Major findings:
Of operations _____
Of autopsy _____
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) _____ (e) Means of injury _____
23. Signature I. R. Nordine (M. D. or other) I
Address St. Charles Mo Date signed 9-5-1940

8. (a) PRINT FULL NAME Robert Haake
8. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Haake (Ocker) 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased December 25 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 8 9 hr. _____ min.

9. Birthplace St. Charles Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Representative

11. Industry or business New York Life Ins. Co

MOTHER FATHER
12. Name Anton Haake
18. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Linnel
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Haake, Jr.
(b) Address St. Charles, Mo.

17. (a) Burial (b) Date thereof Sept. 6-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cem. St. Charles Mo.

18. (a) Signature of funeral director H. C. Dillmeyer & Sons Co.
(b) Address 800 N. Second, St. Charles, Mo.

19. (a) 9/5/40 (b) Clarence H. Kessler
(Date received local registrar) (Registrar's signature)

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 John E. Dallmeyer

Licensed Embalmer No. 29501

P. O. Address St Charles Mo

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.