

**1940**  
**JAN 15 1941**  
Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(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:  
**De Paul Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 1/2 Weeks**  
(Specify whether  
In this community **42 Years**  
years, months or days)

3. (a) PRINT FULL NAME **Florence H. Haeffner**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **497-05-4441**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Armin H. Haeffner** 6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased **October 9, 1898**  
(Month) (Day) (Year)

8. AGE: Years **42** Months **1** Days **21** If less than one day  
hr. min.

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

10. Usual occupation **Bookkeeper**

11. Industry or business **J. A. McFall & Son.**

12. Name **August Augenstein**

13. Birthplace **Germany**  
(State or foreign country)

14. Maiden name **Katherine H. Mohr**  
(State or foreign country)

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

16. (a) Informant **Armin H. Haeffner**

(b) Address **8715 Annetta**

17. (a) **Burial** (b) Date thereof **Dec. 4, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Wm. J. Paschedag**

(b) Address **2825 N. Grand Blvd.**

19. (a) **DEC 2 1940** (b) **J. H. Bradley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **8715 Annetta**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **2nd**  
year **1940** hour **4** minute **10A** M.

21. I hereby certify that I attended the deceased from **July 29**  
**1940**, to **Dec 2, 1940**,  
that I last saw her alive on **Dec 1st**, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to **Carcinoma Liver** **1 month**

Due to **Carcinoma common bile duct** **5 months**

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: **Carcinoma common bile duct**

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) **no**

(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?  
(Specify type of place)

While at work? (e) Means of injury \_\_\_\_\_

23. Signature **J. Gallagher** (M. D. or other) **MD**

Address **3903 Olive** Date signed **12/2/40**

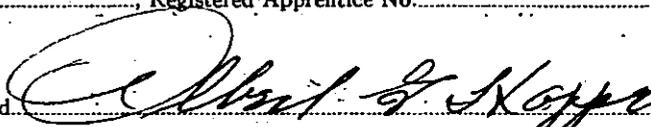
**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No. ....

2971

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, fact should be so stated above.**