S. No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 529

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 529

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: Des Loge Hosp. (If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 177 (If outside city or town limits, write "RURAL")

(d) Street No. 5011 Thrush Av. 9 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William T. Haenel

3. (b) If veteran, name war no.

3. (c) Social Security No. 493-09-8269

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Cora E. Haenel

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 18 (Day) 1897 (Year)

8. AGE: Years 43 Months 6 Days 28 If less than one day hr. min.

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

10. Usual occupation Winder

11. Industry or business Moloney Electric Co.

FATHER
12. Name Albin Haenel
13. Birthplace 4 Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Selma Seerig
15. Birthplace 4 Germany (City, town, or county) (State or foreign country)

16. (a) Informant Cora E. Haenel

(b) Address 5011 Thrush Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-41 (Month) (Day) (Year)

(c) Place: burial or cremation NEW BETHLEHEM

18. (a) Signature of funeral director Witt Bros. L & N Co.

(b) Address 2829 S. Jefferson Av.

19. (a) JAN 18 1941 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16 year 1941 hour 6 minute 05 P.M.

21. I hereby certify that I attended the deceased from 11/26/40, 19__, to 1/16/41, 19__; that I last saw him alive on Jan 16, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Nephrosclerosis of Hypertension

Due to

Other conditions Hypertensive C.V. Disease (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Nephrosclerosis; cardiac hypertrophy

Duration: Uncertain

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? (Specify type of place)

While at work? (e) Means of injury D

23. Signature Frank N. Gasbergs (M. D. or other) M.D.

Address Firmin Desloge Hospital Date signed 1/17/41

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1956

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 Paul A. Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3477

P. O. Address 99998 Jefferson

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.