

Registration District No. 791 Primary Registration District No. 1003

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:  
2703 January Ave. /  
(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)

3. (a) PRINT FULL NAME John P. Haselhorst  
3. (b) If veteran, name war None  
3. (c) Social Security No. 491-14-5805

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Haselhorst  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased. Jan. 6th 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 4 3 ..hr. ..min.

9. Birthplace Calhoun County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Shipping Clerk

11. Industry or business Meyer Bros Drug Co.

MOTHER FATHER { 12. Name Peter Haselhorst  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Haselhorst  
(b) Address 2703 January Ave.

17. (a) Burial (b) Date thereof 5-13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries  
(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 12 1941 (b) J. W. Redick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County COO  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2703 January Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th  
year 1941 hour 9:55 minute P.M. M.

21. I hereby certify that I attended the deceased from 12/20, 1940, to 5/9, 1941;  
that I last saw him alive on 5/9, 1941;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Myocarditis, chronic

Duration

Due to aggravation by lung disease 4 weeks

Due to Pleurisy & Bronchitis preceding 3 weeks

Other conditions nephritis, chronic  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 1st  
Of autopsy 2nd

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 1

23. Signature J. W. Redick (M. D. or other) MD  
Address 3805 Broadway Date signed 5/12/41

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

Dr. E. H. ...  
Brdway & Chippewa  
No 7388

38002 Do. Brdway

**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 Reinhold K. Lehmann

Licensed Embalmer No. 3395

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.