

Registration District No. 7911

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:
Enroute City Hospital # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community about 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4423a Holly Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William J. Havermann

3. (b) If veteran, name war no 3. (c) Social Security No. 488-01-5435

4. Sex male 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 Aug. 3, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 4 4 hr. min.

9. Birthplace Red Bud Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation salesman

11. Industry or business

MOTHER FATHER { 12. Name Frederick Havermann
13. Birthplace unknown Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Roth
15. Birthplace unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tillie Mudd
(b) Address 4423a Holly Ave

17. (a) burial (b) Date thereof 12-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Joseph T. Loesch
(b) Address 2228 St. Louis Ave

19. (a) DEI (b) J. J. Brebeck
(Date received local record) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th
year 1941 hour 9 minute 09 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis; Duration
Cardiac Hypertrophy.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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? _____

(Specify type of place) While at work _____ (by means of injury)

23. Signature Alfred Perry (M. D. or other)

Address Regent Station Date signed 12/9/41

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

22

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.....

Charles Goodhart

Licensed Embalmer No.....

3777

P. O. Address.....

St Louis 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, fact should be so stated above.