

S. No. 2
11-10-39
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 341
Registrar's No. 451

FILED FEB 24 1942
91

Registration District No. _____ 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:
City Hosp. #1. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Catherine E. Haegele
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert Haegele 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased May 4, 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>8</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jesse D. Barrett,
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name M. Emma Meyers
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore Barrett,
(b) Address 4416 No 19 Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-1942
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director _____
(b) Address 2117 E. Grand Blvd.

19. (a) JAN 15 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

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. 4416 No. 19 Str.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 1942 hour 12 minute 05 A. M.

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

Immediate cause of death Fracture of Skull, Subdural Hemorrhage of Brain, when the railing on a second story porch gave way causing her to fall to the ground below at her home, 4416 No. 19th Str., about 4:00 P.M. Jan. 12, 1942. ACCIDENT.

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
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) Accident 000
(b) Date of occurrence 1-12-1942.
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Alfred Perry (M. D. or other) _____
Address _____ Date signed 1/14/42

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.