V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4432

FILED MAR 24 1942

Registration District No. 1

Primary Registration District No. 1003

Registrar's No. 2019

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:
3715 N. Florissant
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 84 yrs 9 mos 17 das
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 002

(c) City or town St. Louis 2017
(If outside city or town limits, write "RURAL")

(d) Street No. 3715 N. Florissant Ave 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward Haupt

3. (b) If veteran, name war no

3. (c) Social Security No. none

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 May 15, 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 17 If less than one day hr. min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business

FATHER
12. Name Peter Haupt
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Johanna Renkel
15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Kluge
(b) Address 2516 W. Sullivan Ave

17. (a) burial (b) Date thereof 3-6-'42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodwill Goodwill
(b) Address 2228 St. Louis Ave

19. (a) MAR 4 - 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1942 hour 5:50 minute P. 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 Chronic Myocarditis
Due to Chronic Interstitial Nephritis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature Thomas F. Gallagher (M.D. or other)

Address Deputy Coroner Date signed 3/4/42

(Licensed Embalmer's Statement on Reverse Side)

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 J Goodhart

Licensed Embalmer No. 2777

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.