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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. 7822

FILED MAR 16 1942

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 567

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 3/10/42. (Specify whether In this community unknown. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 3024 Shenandoah, (If rural, give location) 9

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

If yes, name country -

3. (a) PRINT FULL NAME Charles R. HAID

3. (b) If veteran, name war World War

3. (c) Social Security No. 497-10-7991 remembered.

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 October (Month) 17, (Day) 1887 (Year)

8. AGE: Years 54 Months 4 Days 23 If less than one day ..... hr. ..... min.

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

10. Usual occupation Night Watchman

11. Industry or business MEYER BROS. DRUG Co

FATHER
12. Name Henry Haid
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Mollie Wayen
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant M. Schillig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 13 1942 (Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEM. JEFFERSON BARRACKS MO.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.

19. (a) MAR 11 1942 (Date received local registrar) (b) E. G. McGarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th, year 1942 hour 3:20 minute p. M.

21. I hereby certify that I attended the deceased from March 10, 1942 to March 10, 1942 that I last saw him alive on March 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of larynx. — Duration About 15 mo.

Due to -

Due to -

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

Major findings: Of operations Tracheotomy done, City Hospital, St. Louis, Mo., January, 1941.

Of autopsy No 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) no

(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 L. M. COCHRAN, M.D. (M. D. or other)

Address Chief Medical Officer. Date signed 3/10/42

707 (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~~ Jos B Vollmer, Registered Apprentice No. ....., working under my personal supervision.

Signed Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3195 Lafayette ave

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.