

FILED MAY 19 1942 791

Registration District No.

Primary Registration District No.

Registrar's No.

830

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:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length-of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Caroline Haar

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept. 8 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 3 If less than one day
..... hr. min.

9. Birthplace Highland Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business.....

12. Name Conrad Merkel

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Fight

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mable Wurth

(b) Address 4100 Virginia

17. (a) Burial (b) Date thereof 5-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director A. Schumacher

(b) Address 3013 Meramec St.

19. (a) MAY 12 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4100 Virginia Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
year 1942 hour 8 minute 45 AM.

21. I hereby certify that I attended the deceased from June 1938 to May 1942
and that I last saw her alive on May 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Infermitia of age

Due to.....
Due to.....

Other conditions intertrochanteric fracture of femur
(Include pregnancy within 3 months of death) 3 wks

Major findings: left femur
Of operations.....

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 20 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? No (Specify type of place) (e) Means of injury fall

23. Signature J. R. Dubert (M. D. or other)

Address 3115 S Grand Date signed 5/11/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

N. Fred Gilbert
3115-8
4 X 8

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 Clarence Rochow, Registered Apprentice No. _____ working under my personal supervision.

Signed Clarence Rochow

Licensed Embalmer No. 3093

P. O. Address 3013 W. 13th

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.