

FILED MAY 18 1942

Registration District No. 70

Primary Registration District No. 111

Registrar's No. 1032

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 1/2 wks.
In this community 42 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 1622 Quendo Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William H. Haselhorst

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-07-3388

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Helen M. 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased May 1st. 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>0</u>	<u>8</u>	hr. min.

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

10. Usual occupation Lumber Salesman

11. Industry or business _____

12. Name Charles H. Haselhorst

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

14. Maiden name Annie M. Hermann

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

16. (a) Informant Mrs. Helen M. Haselhorst

(b) Address 1622 Quendo Ave.

17. (a) Burial (b) Date thereof 5-13-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
3840 Lindell Blvd.

19. (a) MAY 11 1942 (b) C. H. McArthur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th. year 1942 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov. 4, 1941 to 5-9-42 1942 that I last saw him alive on 5-9-42 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the colon. pi gmo.
Due to _____

Other conditions Carcinoma of the lungs.
(Include any within months of death)
Major findings: abdomen full of cancer.

Of operations _____
Of autopsy _____

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? _____

While at work _____ (Specify type of place)
(c) Nature of injury _____
23. Signature Charles H. Stover (M. D. or other)
Address 37 W. Washington Date signed 5-11-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

50
5/11/57

OCT 27 1948

3720 Washington Blvd.

6744
3-5

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Linn

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.