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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28166

State File No.

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1677

96 2 3

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Clayton

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

(c) Name of hospital or institution: St Louis County Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Allenton,

(If outside city or town limits, write "RURAL")

(d) Street No. RR #1, Hunterford Rd.

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John George Haulenbeek

3. (b) If veteran, name war Sp. American

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leila

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased July (Month) 24 (Day) 1878 (Year)

8. AGE: Years 64 Months 0 Days 11 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER

12. Name Franklin Haulenbeek

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

14. Maiden name Unk.

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

16. (a) Informant Whyatt Haulenbeek

(b) Address 27248 Donald, VayVillage, Ohio

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-42 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address Kirkwood, Mo.

19. (a) AUG 8 - 1942 (Date received local registrar) (b) C. J. McGovern (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5 year 1942 hour 4:05 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.

Duration

Immediate cause of death Inquest pending.

Due to Complete routine of chemical analysis showed no evidence of poison of any nature. Spec. chemical analysis and biological test for evidence of digitalis, any of its derivitives was negative

Due to Spec. Chem. analysis for evidence of cascara Sagrata showed Negligible traces

Other conditions (Include pregnancy within 3 months of death) Whiskey spec. identified as material consumed-This spec. was subjected to the same chem analysis & biological tests as stomach contents; Only negligible concentrations of Cascara Sagrada were found

Major findings of operations Spec. on hand: Stomach contents (Haulenbeek vomitus) & re-whiskey (Ind. as material consumed 8-5-42)

Of autopsy Yes. None

OVER------ (V.R.D.)

Place of injury

Injury contributed to death but could be charged statistically.

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

(a) Accident, suicide, or homicide (specify) N/A

(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 Louis H. Bopp (M.D. or Coroner) Louis H. Bopp

Address Kirkwood, Mo. 8/7/42 Date signed

707 (Licensed Embalmer's Statement on Reverse Side)

Natural causes; Arterio sclerosis general, far advanced with involvment of coronary arteries.
hr. Cardiac Vascular renal disease- Acute Cardiac failure

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.....

Licensed Embalmer No.....

P. O. Address.....

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.