S. No. 2
—1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3604

State File No.

Registration District No. 319 Primary Registration District No. ~~4469~~ 6079 Registrar's No. 1

95
0
0

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

1. PLACE OF DEATH:

(a) County STE GENEVIEVE

(b) City or town RURAL STE GENEVIEVE TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 95

(a) State MISSOURI (b) County STE. GENEVIEVE 0

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. STE. GENEVIEVE TOWNSHIP
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME GODFRED JOSEPH HAUG

3. (b) If veteran, name war

3. (c) Social Security No. 500-18-7577

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife CORA LABRUYERE

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

7. Birth date of deceased JAN (Month) 6 (Day) 1863 (Year)

8. AGE: Years 80 Months 0 Days 17 If less than one day hr. min.

9. Birthplace STE. GENEVIEVE (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation COLLECTOR ON A FERRY BOAT

11. Industry or business

FATHER
12. Name BENJIMAN HAUG
13. Birthplace BADEN (City, town, or county) GERMANY 4 (State or foreign country)

MOTHER
14. Maiden name CLOTILDA EHLER
15. Birthplace BADEN (City, town, or county) GERMANY 4 (State or foreign country)

16. (a) Informant Violet Haug
(b) Address Ste. Genevieve Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1 (Month) 25 (Day) 43 (Year)
(c) Place: burial or cremation STE. GENEVIEVE MO

18. (a) Signature of funeral director Leo C. Bapler
(b) Address Ste. Genevieve Mo

19. (a) Jan 24/43 (Date received local registrar) (b) T.W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1943 hour 2:00 minute No P. M.

21. I hereby certify that I attended the deceased from Aug 8, 1940, to Jan 23, 1943 that I last saw him alive on Jan. 22, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	12/24/42
Due to Gen. Arteriosclerosis	?
Senile Gangrene of Right foot	11/2/42
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94a

Major findings:
Of operations
Of 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) ✓
(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 R. C. Lanning (M. D. ~~or other~~)
Address Ste. Genevieve Mo Date signed 1/25/43

706

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 243-1730

Date Filed 2-8-43

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 Leo C. Bisler

Licensed Embalmer No. 1985

P. O. Address Ste. Genevieve 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.