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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 23 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4256

Registration District No. 318 Primary Registration District No. 1003 State File No. Registrar's No. 1427

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4729 Sacramento Ave. /
(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: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 4
(If outside city or town limits, write "RURAL")

(d) Street No. 4729 Sacramento Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Adam G. Haberstroh

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Emma Kellmann

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

7. Birth date of deceased Dec. 11, 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 0 If less than one day hr. min.

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

10. Usual occupation Retired Grocery Clerk

11. Industry or business

FATHER
12. Name Julius Haberstroh
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Veronica Wagner
15. Birthplace Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant Ed. Haberstroh
(b) Address 4729 Sacramento Ave.

17. (a) Burial (b) Date thereof Feb. 15, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Bromschwig Und. Co.
(b) Address 4746 West Florissant Ave.

19. (a) FEB 13 1943 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
year 1943 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 15, 1943, to Feb. 11, 1943
that I last saw him alive on Feb. 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Chronic Myocarditis — Dont Know

Due to

Due to —

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

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 J. R. Menown (M. D. or other) MD

Address 5330 Geraldine Date signed 2/12/43

(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.....

....., 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.