

1844
S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12195
State File No. _____
3965
Registrar's No. _____

AY 7 1943, 318
Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town St. Louis, Mo. 25
(If outside city or town limits, write "RURAL")
(d) Street No. 11a N. 6th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Julius Haberberger

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 3 divorced divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased April 9th 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>0</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Clerk

11. Industry or business _____

MOTHER FATHER

12. Name John Haberberger

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

14. Maiden name Anna Funk

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

16. (a) Informant Bertha Haberberger

(b) Address 5079 Page Ave.

17. (a) Burial (b) Date thereof April 29 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Sullivan Bros.

(b) Address 2849 N. Euclid Av.

19. (a) APR 28 1943 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27,
year 1943 hour 12:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 22, 1943, to April 27, 1943;
that I last saw him alive on April 27, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Lobar Pneumonia
Right Upper, Middle
and Lower lobe

Due to (Type I Pneumococcus)

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

Major findings:
Of operations _____

Of autopsy as above

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?
While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signatur William D Park (M. D. or other) 4/28/43
Address 1515 Lafayette Avenue Date signed _____

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.....

Alvin Mayfield

Licensed Embalmer No.....

3077

P. O. Address.....

Spokane, Wa

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.