

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

**FILED MAY 27 1943**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4531**

**1. PLACE OF DEATH:**  
 (a) County **St. Louis**  
 (b) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**4100 Virginia /**  
 (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:**  
 (a) State **Mo.** (b) County **000**  
 (c) City or town **St. Louis** **17**  
 (If outside city or town limits, write "RURAL") **715**  
 (d) Street No. **4100 Virginia**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Joseph G. Haar**

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

**4. Sex** **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced, widower** **Widower**

**6. (b) Name of husband or wife** **Caroline Haar** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** **August 23 1866**  
 (Month) (Day) (Year)

**8. AGE:** Years Months Days **21** If less than one day  
**76 8 20** hr. \_\_\_\_\_ min.

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

**10. Usual occupation** **None**

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name** **Unknown**  
**13. Birthplace** **Unknown** **9**  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** **Adelaide Druste**  
**15. Birthplace** **Unknown** **9**  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Mabel Wurth**

**(b) Address** **4100 Virginia**

**17. (a) Burial** **5/17/43**  
 (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

**(c) Place: burial or cremation** **Park Lawn Cemetery**

**18. (a) Signature of funeral director** **J. F. Brudeck**  
**(b) Address** **3013 Meramec**

**19. (a) MAY 15 1943** **J. F. Brudeck**  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **May** day **14**  
 year **1943** hour **5.30** minute **A. M.**

**21. I hereby certify that I attended the deceased from** **5-14**  
 \_\_\_\_\_, 19**43** to \_\_\_\_\_, 19**43**  
 that I last saw him alive on **5-12**  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Proximal myocardial degeneration**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)  
**9/8**

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration  
**6 months**

**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)  
 (a) Means of injury \_\_\_\_\_

**23. Signature** **Richard W. Smith** (M. D. or other) **med**  
**Address** **4145 S. Grand** **Date signed** **5/14/43**

4-145 S. GRAND  
2 To 4  
PL 9600

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.....

*Clarence Fochow*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Clarence Fochow*

Licensed Embalmer No. *3093*

P. O. Address *3013 W. 13th*

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.