S. No. 2
M—5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19644

FILED JUN 19 1943

Registration District No. 312 Primary Registration District No. 1003 Registrar's No. 5417

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 1916 Provenchere Pl.
(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 11 24

(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")

(d) Street No. 1916 Provenchere Pl.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Bartholdmaus Haegelmeier

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 2 widower

6. (b) Name of husband or wife Christina Haegelmeier

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

7. Birth date of deceased Aug. 24 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	9	17	hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Retired Beer Brewer

11. Industry or business

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

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Joseph Haegelmeier
(b) Address 1916 Provenchere Pl.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Witt Bro. L & Nto.
(b) Address 2929 S. Jefferson Av.

19. (a) JUN 14 1943 (Date received local registrar) (b) J. F. Breheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1943 hour 11 minute 40 p. M.

21. I hereby certify that I attended the deceased from 12/29, 1942 to June 11, 1943
that I last saw him alive on June 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetis Melitus

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

61

Duration

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 Otto C. Hauser MD (M. D. or other)

Address 3157a Park Av. Date signed 6/14/43

(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 Gustav W. Dietele

Licensed Embalmer No. 4329

P. O. Address 2929 S. Jefferson

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.