

**FILED SEP 11 1943**  
Registration District No. **218**

Primary Registration District No. **1003**

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

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: Lutheran Hospital  
(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

3. (a) PRINT FULL NAME Lena Haarhaus

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / race White

5. Color or White

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

6. (b) Name of husband or wife Emil Haarhaus

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

7. Birth date of deceased Nov. 30th 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>8</u>	<u>29</u>	hr. _____ min.

9. Birthplace Nashville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework at home

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

MOTHER FATHER { 12. Name Martin Hanselmann

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

14. Maiden name Lena Stumpf

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

16. (a) Informant Ann Haarhaus

(b) Address 2119 Chippewa Ave.

17. (a) Cremation (b) Date thereof 8-31-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG 30 1943 (b) J. F. Brebach  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000 17 924**

(a) State Mo. (b) County \_\_\_\_\_

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

(d) Street No. 2119 Chippewa Ave.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28th  
year 1943 hour 10:30 minute \_\_\_\_\_ P. M. A. M.

21. I hereby certify that I attended the deceased from Aug 20  
1943, to Aug 28 1943  
that I last saw h alive on Aug 28 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial Regurgitation

Due to Chronic Coronary disease

Due to Senility

Other conditions 92  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 5 yrs

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 \_\_\_\_\_

23. Signature J. F. Brebach (M. D. or other) had  
Address 3651 Grandview Date signed 9/29/43

844

STEP 13 1048

3651 Standard Bg.  
984430 1-2-30

**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 *Richard W. Stowers*

Licensed Embalmer No. *4007*

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.**