

FILED AUG 23 1943 18  
Registration District No. ....

Primary Registration District No. 1000

Registrar's No. 7434

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:  
Firmin Desloge  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 3 days  
(Specify whether

In this community..... 29 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 17

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

(d) Street..... 3340 Oregon Ave.  
(If rural, give location)

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

3. (a) PRINT FULL NAME..... Haislar, Ernest

3. (b) If veteran, name war..... 3. (c) Social Security No..... 492-03-9869

4. Sex..... Male 5. Color or Race..... White

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

6. (b) Name of husband or wife..... Eleanor Haislar 6. (c) Age of husband or wife if alive..... 33 years

7. Birth date of deceased..... Oct 24 1907  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>9</u>	<u>20</u>	<u>8</u> hr. .... min.

9. Birthplace..... Highland Ills.  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Brewery Worker

11. Industry or business..... Brewery

12. Name..... George Haislar

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

14. Maiden name..... Susan Jordan

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

16. (a) Informant..... Eleanor Haislar  
(b) Address..... 3340 Oregon Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... Aug 19/43  
(Month) (Day) (Year)

(c) Place: burial or cremation..... Old S.S. Peter & Paul

18. (a) Signature of funeral director..... Shoodlits & Son  
(b) Address..... 2906 Gravois Ave.

19. (a) Aug 18 1943 (Date received local registrar) J. F. Burch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 8 day..... 16  
year..... 43 hour..... 1 : 05 minute..... A.M.

21. I hereby certify that I attended the deceased from 8-13, 1943 to 8-16, 1943  
that I last saw him alive on 8-16, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Secondary carcinoma of liver - 5/6

Due to..... Carcinoma of Testicle 6 month  
Due to..... Primary in Testicle

Other conditions..... Carcinoma of Pancreas + Duodenum  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy..... As above

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. M. C. Macdonald (M. D. number)  
Address..... 1375 S. Grand Date signed..... 8/16/43

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

MOTHER FATHER

**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.....

*Said. Van Gessan*

Licensed Embalmer No. *4242*

P. O. Address. *2906 Harris*

**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.**