

FILED SEP 11 1943

Registration District No. 1317

Primary Registration District No. 6076

Registrar's No. 2009

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jennivcs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2520 Sme Laren Ave 1
(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 EMIL HAARHAUS

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Lena Haarhaus 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 29th 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Typewriter

11. Industry or business retired 10 years

12. Name Unknown Haarhaus

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

14. Maiden name Unknown

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

16. (a) Informant Ann Haarhaus

(b) Address 2119 Chippewa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Eugene J. Arnold while at work? _____ (Specify type of place)
(b) Address 228 So. Kingshighway (c) Means of injury _____

19. (a) SEP 8 - 1943 (Date received local registrar) (b) C. W. McEwan MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town JENNIVCS
(If outside city or town limits, write "RURAL.")
(d) Street No. 2520 Sme Laren Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7 1943 year hour 1:30 minute AM M.

21. I hereby certify that I attended the deceased from Sept 1 1942 to Sept 7 1943 that I last saw him alive on Sept 6 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 yrs

Due to _____
Due to _____

Other conditions Arteriosclerosis (Include pregnancy within 3 months of death) 9

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy 93d
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? _____

23. Signature Eugene J. Arnold MD (M. D. or other) MD
Address 1449 Mc Laren Date signed 9/7/43

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

MOTHER FATHER

216
143

707

SEP 13 1948

Dr. Arnold
1449 Sme Haven Ave
New 6362 1-4

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. Harrison*

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.