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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **10581**

FILED DEC 13 1943

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

1. PLACE OF DEATH: **St. Louis Missouri**

(a) County \_\_\_\_\_

(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Max C. Starkloff Memorial**  
**St. Louis City Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **13 days**  
(Specify whether)

In this community **0**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(c) Street No. **4423 de Soto Ave**  
(If rural, give location)

(d) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_ **0**

3. (a) PRINT FULL NAME **Jacob Haegele**

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 **Married**

6. (b) Name of husband or wife **Anna Haegele** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **Sept. 20 1869**  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <b>74</b> | <b>2</b> | <b>11</b> | _____ hr. _____ min. |

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

10. Usual occupation \_\_\_\_\_

11. Industry or business **Swift Packing Co**

12. Name **Unknown Haegele**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Edwin Bini**

(b) Address **4423 de Soto Ave**

17. (a) **Cremation** (b) Date thereof **12-4-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ma. Crematory**

18. (a) Signature of funeral director **Kriegshauser Mortuary**

(b) Address **4228 So. Triggshikuan**

19. (a) **Dec 2 1943** (b) **J. F. Bradak**  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **1st**  
year **1943** hour **12:30** minute **A.M.**

21. I hereby certify that I attended the deceased from **November 18th**, 19**43**, to **December 1st**, 19**43**, that I last saw him alive on **December 1st**, 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral arteriosclerosis**

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

Due to **Senility**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Of autopsy **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **none**

(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)

23. Signature **William J. Shaw** (M. D. or other) \_\_\_\_\_  
Address **1515 Lafayette** Date signed **12/1/43**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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**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. Stovesand*

Licensed Embalmer No. *34007*

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.**