

FILED DEC 22 1943
Registration District No. 318

Primary Registration District No. 1009

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:
Park Lane Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ellis C. Haught
3. (b) If veteran, name war World 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased February 19, 1890
(Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 17 If less than one day..... hr. min.

9. Birthplace Washington Pa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER
12. Name Frank Haught
13. Birthplace W Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Anna Haught (no relation)
15. Birthplace W Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josephine Haught
(b) Address 623 Athlone Avenue

17. (a) Burial (b) Date thereof 12/9/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) DEC 8 1943 (b) J. F. Braden
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000 17 4
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 623 Athlone Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 6
year 1943 hour 12 minute 25 PM.
21. I hereby certify that I attended the deceased from Jan 4 to Dec 6
that I last saw him in alive on Dec 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Acute Cor. Dilatation 30 hrs
Due to.....
Chronic Myocarditis
Due to.....
Other conditions (Include pregnancy within 3 months of death)
Coronary Arteriosclerosis
Major findings:
Of operations.....
Of autopsy.....
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 W. H. ... (M. D. or other).....
Address 6201 N. Broadway Date signed 12/7/43

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 William J. Buchholz
Licensed Embalmer No. 25160 J
P. O. Address St. Louis, Mo.

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.