

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 10 1944

Registration District No. 544

Primary Registration District No. 6076

Registrar's No. 34

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ballwin mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 1 mo 3 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Oreland (If outside city or town limits, write "RURAL")
(d) Street No. 9106 LACKLAND (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME

Haub, Henry

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or Race White

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

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive 57 1/2 years (Day) (Year)

7. Birth date of deceased JAN (Month)

5 (Day) 1919 (Year)

8. AGE: Years 75 Months 0 Days 0 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Pine Crest Home

(b) Address BALLWIN Mo.

17. (a) Burial (b) Date thereof 1-7-44 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) JAN 7 - 1944 (Date received local registration) (b) E. G. McDevran, M.D. (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 5 year 1944 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 2 1943 to JAN 5 1944 that I last saw him alive on Jan 4 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration

Due to

Due to

Other condition Arteriosclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 93A

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?

(e) While at work? (Specify type of place) (f) Means of injury

23. Signature R. W. Jensen (M. D. or other)

Address Manchester Mo Date signed 1/5/44

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

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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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed..... *Albert G. Hoppe*.....

..... Licensed Embalmer No..... *2971*.....

..... 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.