V. S. No. 2
100M—2-43
Rev. 5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 5 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25668

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1608

1. PLACE OF DEATH:

(a) County: St Louis County

(b) City or town: Baden Station
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Halls Ferry Memorial Home
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 1900a Ferry Street 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country: 1

3. (a) PRINT FULL NAME: Emma Haeckel

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Christian

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: December (Month) 21 (Day) 1859 (Year)

8. AGE: Years 84 | Months 7 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace: St Charles (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: nil

11. Industry or business .....

MOTHER FATHER

12. Name: Henry Mester

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

14. Maiden name: Elizabeth Mauersberg

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

16. (a) Informant: Mrs Henry Ziegler

(b) Address: 1900a Ferry Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jul 29 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: New Bethlehem Cemetery

18. (a) Signature of funeral director: Beiderwieden Fun'l Home

(b) Address: 1936 St Louis Ave

19. (a) JUL 31 1944 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1944 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from July 25, 1944, to July 27, 1944, that I last saw h. on alive on July 27, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Collapse

Due to: Hypostatic pneumonia

Due to: .....

Other conditions (Include pregnancy within 3 months of death): —

Major findings: Of operations: — Of autopsy: —

Duration

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? — (Specify type of place)

While at work? — (e) Means of injury: —

23. Signature: Nellie Sheen (M. D. or other)

Address: 4982 - Maryland Date signed: 7-27-44

(Licensed Embalmer's Statement on Reverse Side)

2-6
4932 Grandview
Dr Sioux

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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.