

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

FILED AUG 21 1944

1. PLACE OF DEATH

County _____
Towship _____
City St. Louis (No. _____)

Registration District No. 318
Primary Registration District No. 1003

File No. 26271
Registered No. 6966
St. _____ Ward 9

2. FULL NAME

(a) Residence. No. 4338 College Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 1/2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF =

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 7, 1944

7. AGE YEARS MONTHS DAYS (if LESS than 1 day, hrs. or min.) 1 1/2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN; (STATE OR COUNTRY)) St. Louis, Mo

10. NAME OF FATHER Otto William Haldenwanger

11. BIRTHPLACE OF FATHER (CITY OR TOWN; (STATE OR COUNTRY)) St. Louis, Mo

12. MAIDEN NAME OF MOTHER Dorothy Anne Beck

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; (STATE OR COUNTRY)) Jennings, Mo

14. INFORMANT (Address) Otto William Haldenwanger 4338 College Ave

15. FILED AUG 9 1944 J. F. Bredeek REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8, 1944

17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1944 to Aug 8, 1944 that I last saw him alive on Aug 8, 1944 and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Albert Wall, M.D. 8/8, 1944 (Address) 5322 Helen Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cabray Aug 9 1944
20. UNDERTAKER Math Hermann Son 2161 Park Ave
ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Hot Embossed