V. S. No. 2
00M—8-43
Rev. 5-17-39
I X37823

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

32345

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1944 318

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 1003

Registrar's No. 9052

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: CITY SANITARIUM 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3yrs 10mos 6ds (Specify whether
In this community 57 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 913
(If outside city or town limits, write "RURAL")

(d) Street No. ~~5923 Marinwette Ave~~ 5400 Arsenal St.

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

If yes, name country 0

3. (a) PRINT FULL NAME ROSE HAEBERLE

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 widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 25 (Day) 1861 (Year)

8. AGE: Years 83 Months 5 Days 28 If less than one day hr. min.

9. Birthplace not known (City, town, or county) 4 Germany (State or foreign country)

10. Usual occupation none

11. Industry or business --

FATHER
12. Name - - - Scherer
13. Birthplace not known (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace not known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Thelma A. Dingler
(b) Address 5400 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26-44 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter&Paul. Cem.

18. (a) Signature of funeral director Ungbermmelle F. Hom.
(b) Address 3819 S. Grand Blvd.

19. (a) OCT 25 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1944 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec 17, 1940, to Oct 23, 1944;
that I last saw her alive on Oct 23, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease	1940x
Due to Senility	1940x
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

Major findings:
Of operations
Of autopsy

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 Anthony K. Busch (M. D. or other)
Address 5400 Arsenal St Date signed 10/24/44

(Licensed Embalmer's Statement on Reverse Side)

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 Albert Morfield

Licensed Embalmer No. A3077

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.