

FILED NOV 22 1944

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9630

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 wk.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 3712 Pine Grove
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Fred H. Haid

3. (b) If veteran,

name war none

3. (c) Social Security

No. none

4. Sex Male

5. Color or race White

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

6. Name of husband or wife Laura Haid

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

7. Birth date of deceased Oct 5 1869
(Month) (Day) (Year)

8. AGE:

Years 75 Months 1 Days 6
If less than one day
hr. _____ min. _____

9. Birthplace

Pekin, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation

Retired; Clerk of Probate Court 20yrs

11. Industry or business

Probate Court 20yrs

12. Name

Frederick W. Haid

13. Birthplace

Germany
(City, town, or county) (State or foreign country)

14. Maiden name

Sophie Kramer

15. Birthplace

Memphis, Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs Laura Longhofer

(b) Address

3712 Pine Grove

17. (a) Burial

Burial (b) Date thereof 11-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

Valhalla Cem

18. (a) Signature of funeral director

C.R. Repton & Sons

(b) Address

7233 Belvid Blvd

19. (a) NOV 13 1944

(b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11th
year 1944 hour 6:00 minute 00 A. M.

21. I hereby certify that I attended the deceased from 10-26-44
to Nov. 11, 1944

that I last saw him alive on Nov. 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
& Coronary Arteriosclerosis

Due to Valvulars of hepatic
flexure and aortic

Due to banda aorta
transverse colon

Other conditions old cholecystitis
with stone

Major findings: carcinoma of sigmoid
gall stone

Of autopsy valvulars of hepatic flexure
peritonitis

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) _____
(e) Means of injury _____

23. Signature J. F. Bredek (Date signed) 11/16-44

Address 508 No Grand

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

MOTHER FATHER

Dr. Sherman, Mass.
Metropolitan Bldg.,
Rm. 4141.
Phos. - 2-4.

08396

08396

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

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.