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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 5 1944

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 35951

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9988

**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: En Route to City Hospital 3 (If not in hospital or institution, write street number or location)
(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 (If outside city or town limits, write "RURAL") 175
(d) Street No. 5534 Clemens Ave. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Albert Herman Haug.
3. (b) If veteran, name war No.
3. (c) Social Security No. 491-14-8199
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nora Lyons Haug.
6. (c) Age of husband or wife if alive abt. 65 years
7. Birth date of deceased February 4, 1875 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 69 | 9 | 18 | hr. 1 min. |

9. Birthplace Springfield, Illinois 1 (City, town, or county) (State or foreign country)
10. Usual occupation Salesman,
11. Industry or business Anheuser-Busch Brewery Co.
FATHER 12. Name Albert Herman Haug,
FATHER 13. Birthplace Springfield, Ill. 1 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Barbara Hatch
MOTHER 15. Birthplace St. Louis, Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Nora Haug,
(b) Address 1336 Hawthore Place,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane
19. (a) NOV 24 1944 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 22 year 1944 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Chronic Myocarditis Coronary Occlusion | |
| Due to 93 0 | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| 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 3

23. Signature James J. Fitzpatrick Jr. Coroner (M. D. or other)
Address 1300 Olive Date signed 11-24-44

(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.....

Licensed Embalmer No. 1994

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.**