

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 31 1945
Registration District No. **318**

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **1003**

State File No. **325**
Registrar's No. **564**

1. PLACE OF DEATH:
(a) County **ST. LOUIS**
(b) City or town **ST. LOUIS**
(c) Name of hospital or institution:
PARK LANE Hosp
(d) Length of stay: In hospital or institution **3 Day**
In this community **3 Day**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **ST. LOUIS**
(c) City or town **SPANISH LAKE MO.**
(d) Street No. **FLORISSANT STATION R. 1 N R 0**
(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WALTER HAEFER**
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 **MARRIED**
6. (b) Name of husband or wife **GOLDIE HAEFER**
6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **NOV. 9 1879**

8. AGE: Years **65** Months **2** Days **8**
If less than one day _____ hr. _____ min.

9. Birthplace **ST. LOUIS MO. 11**

10. Usual occupation **BUTCHER**

MOTHER FATHER
11. Industry or business _____
12. Name **Walter HAEFER**
13. Birthplace **GERMANY**
14. Maiden name **AMELIA FISHER**
15. Birthplace **GERMANY**

16. (a) Informant **Goldie Haefer**
(b) Address **Spanish Lake Mo.**
17. (a) **BURIAL** (b) Date thereof **JAN 20 1945**
(c) Place: burial or cremation **VALHALLA CEMETERY**

18. (a) Signature of funeral director **Friedrich F. Howe**
(b) Address **8319 Hall's Ferry Rd.**
19. (a) **JAN 19 1945** (b) **J. F. Beck**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **JAN.** day **17**
year **1945** hour **7** minute **45** P. M.
21. I hereby certify that I attended the deceased from **Jan 16**
19 **45** to **Jan 17** 19 **45**
that I last saw h. **alive on Jan 17**
and that death occurred on the date and hour stated above.

Immediate cause of death **Sartric hemorrhages**
Due to **Diabetes Mellitus -**
Juncos anemia
Duration **3 mos**
Due to _____

Other conditions _____
Major findings: **W C**
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____
23. Signature **Walter Haefer** (M. D. or other) _____
Address **8201 N. Oakway** Date signed **1/18/45**

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

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.....

W. W. Wilkinson

Licensed Embalmer No..... *3575*.....

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. .