V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7120

Primary Registration District No. 3066

Registrar's No. 560

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Kirkwood, Rural #5
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: #4 Bedford Drive.
(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 Mo. (b) County St Louis
(c) City or town Kirkwood R.R.#5
(If outside city or town limits, write "RURAL")
(d) Street No. 4 Bedford Dr.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Adolph G. Haferkorn
3. (b) If veteran, name war
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 Clara Haferkorn
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Jan. (Month) 19 (Day) 1885 (Year)

8. AGE: Years 60 Months 0 Days 28 If less than one day hr. min.

9. Birthplace Berlin (City, town, or county) Germany (State or foreign country)
10. Usual occupation Retired
11. Industry or business

MOTHER FATHER
12. Name Bruno Haferkorn
13. Birthplace Leipzig (City, town, or county) Germany (State or foreign country)
14. Maiden name Wilhelmina Soujan
15. Birthplace Prussia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clara Haferkorn
(b) Address 4 Bedford Dr. Kirkwood RR 5
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cemetery
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr. Kirkwood, Mo.
19. (a) FEB 21 1945 (Date received local registrar) (b) E. G. M. Gauson, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17th year 1945 hour 5:20 minute A M.
21. I hereby certify that I attended the deceased from Dec. 15, 1944, to Feb. 17, 1945; that I last saw him alive on Feb 16, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation (chronic myocarditis) — Duration
Due to arteriosclerosis
Due to
Other conditions Secondary anemia
(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

23. Signature B. R. Loving (M. D. or other) M.D.
Address Ballwin, Mo. Date signed 2-19-45

767 (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.....Ian M. Symon.....

Licensed Embalmer No.....4343.....

P. O. Address.....7415 Zephyr Pl. Inglewood Mo.....

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.