

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2380**

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:
7601 Virginia Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Bernard H. Haar

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Nov. 14 1862
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Ret. Stationary Engineer

11. Industry or business _____

12. Name Unknown

13. Birthplace "
(City, town, or county) (State or foreign country)

14. Maiden name "

15. Birthplace "
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Haar

(b) Address 7423a Minnesota

17. (a) Burial (b) Date thereof 3/16/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter-Paul Cem.

18. (a) Signature of funeral director J. P. Fendley

(b) Address 7128 Michigan

19. (a) MAR 14 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7601 Virginia
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1945 hour 3.00 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 15, 1944 to March 13, 1945
that I last saw ~~him~~ her alive on March 13, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary artery disease 2 mos
chronic myocarditis 2 yrs
Due to arterio-sclerosis 5 yrs
chronic nephritis 5 yrs
Other conditions _____
(include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy 12/1

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature George A. Sullivan
Address 421 N. Sherman Date signed 3-13-45

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

30
17
9

MOTHER FATHER

421 W Schimmer
PL 1242

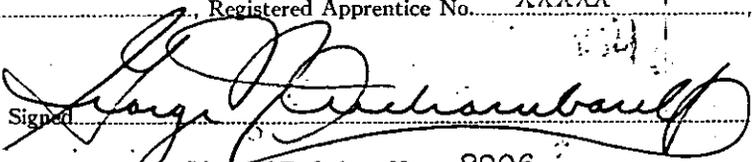
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. XXXXX

working under my personal supervision. -

Signed 

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

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.