

S. No. 2  
 DM-2-43  
 v. 5-17-39  
 XJ35697

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

39228

FILED JAN 5 1948

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. \_\_\_\_\_

Registrar's No. 11884

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: St. Anthony Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community Life  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4102 Quincy Street  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANK G. HAESEL  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 493-05-9176

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month December 18th  
 year 1945 hour 11 minute 50 A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mayne Haesel 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased: April 27th 1881  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 23 1945 to Dec 18 1945  
 that I last saw him alive on Dec 18 1945  
 and that death occurred on the date and hour stated above.

8. AGE: Years About 64 Months 7 Days 21  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Arsemaia myocarditis  
Nephritis Chronic  
arteriosclerosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace: St. Louis, Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Shoe Cutter

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name George Haesel  
 13. Birthplace St. Louis, Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Theresa Kara  
 15. Birthplace St. Louis, Missouri  
 (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mayne Haesel  
 (b) Address 4102 Quincy Street  
 17. (a) Cremation (b) Date thereof 12/21/1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mo. Crematory

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) (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Wm C. Modell  
 (b) Address 1926 Allen Avenue  
 19. (a) DEC 20 1945 (b) J. F. Brubaker  
 (Date received local Registrar) (Registrar's signature)

23. Signature Robert G. Warner (M. D. or other) M.D.  
 Address Paul Brown Bldg Date signed DEC 19 1945

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

MOTHER FATHER

**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.....

*Benz. A. Duncan*  
.....  
Licensed Embalmer No..... 2272

P. O. Address..... 1926 Allen Avenue.....

**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.