

No. 2  
-12-45  
5-17-39  
P 1 X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15156  
State File No. \_\_\_\_\_  
Registrar's No. 3863

FILED APR 21 1947

Registration District No. 318 Primary Registration District No. \_\_\_\_\_

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:  
4877 Lee 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

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. 4877 Lee Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary L. Haupt  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 11  
year 1947 hour 8.05 minute P. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Robert G. Haupt 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased January 24 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-10 to 4-11, 1947  
that I last saw him alive on 4-11-47 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
73 2 17 hr. \_\_\_\_\_ min.

Immediate cause of death Carcinoma of Liver Duration 3 yrs

9. Birthplace Litchfield Ills  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

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

12. Name Albert Hiffman

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

14. Maiden name Maria Heidkamp

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

16. (a) Informant Robert G. Haupt

(b) Address 4877 Lee Ave

17. (a) Burial (b) Date thereof Apr 14 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Nat. Bridge

19. (a) APR 13 1947 (b) J. F. Bluedick  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_  
23. Signature J. F. Bluedick (M.D. or other) \_\_\_\_\_  
Address 370 Bernadette Ave Date signed 4-7-47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

*Dr. Klueber*  
340 Bernhardt Dr  
3-7 N.W.  
E-1910

*18*

**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..... *Raymond C. Linders* .....

Licensed Embalmer No. *4275* .....

P. O. Address..... *St. Louis, 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.**