

FILED JUL 26 1947 318

Registration District No. **318** Primary Registration District No. **100** Registrar's No. **6715**

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 **7330 Virginia**
(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 **Mo** (b) County **St Louis**

(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **7330 Virginia**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Arthur H. Haar**

3. (b) If veteran, **yes** name war _____

3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Margaret Haar**

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

7. Birth date of deceased: **6-7-1893**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	9	8	_____ hr. _____ min.

9. Birthplace: **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Printer**

11. Industry or business: **A. R. Fleming**

12. Name: **Bernard H. Haar**

13. Birthplace: **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name: **Louisa Theby**

15. Birthplace: **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant: **August Haar**

(b) Address: **7330 Virginia**

17. (a) **burial** (b) Date thereof: **7-17-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **National Cemetery**

18. (a) Signature of funeral director: **Fendler Und. Co.**

(b) Address: **7420 Michigan Ave.**

19. (a) **Jul 17 1947** (b) **J. J. Braddock**
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15** year **1947** hour **7** minute **30 a** M.

21. I hereby certify that I attended the deceased from **June 18**, 1947, to **July 15**, 1947, that I last saw him alive on **July 15**, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Arteriosclerosis**

Due to: **Chronic kidney condition**

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **4/20**

Of operations: _____

Of autopsy: _____

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: **Dr. J. M. ...** (M. D. or other) **200**

Address: **7606 W. ...** Date signed: **7/15/47**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER-FATHER

5729

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 Elmer R. Sadwell

Licensed Embalmer No. 4077

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.