. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25580

FILED JUL 26 1947

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 2714

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. Louis City Hospital
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 7023 Michigan Ave. 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BETTY JANE HAAR
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 23 (Day) 1926 (Year)

8. AGE: Years 20 Months 10 Days 20 If less than one day hr. 0 min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Veterans Adm.
MOTHER FATHER
12. Name Alois Haar
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Louise Umberhine
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Alois Haar
(b) Address 7023 Michigan
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan
19. (a) JUL 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 13 year 1947 hour 1:30 minute 30 A.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death 1. Compound Fracture of Skull
2. Laceration of Brain when Auto probable in which she was Riding and being Driven by me Joseph Lee Powell Collided With a Automobile Driven by one Riley Hughes at the Intersection of Hall and Locust Around
Other conditions (Include pregnancy within 3 months of death) 1:25 PM July 12 1947
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 000
(b) Date of occurrence July 12 1947
(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Intersection (Specify type of place)
While at work? (e) Means of injury Auto
23. Signature Patrick E. Taylor (M. D. or other)
Address Deputy Coroner Date signed 7-16-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

6714

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.

Si Signed Chas R. Cadwell

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.