1/47
17-39

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

National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 42261

FILED JAN 12 1948

Registration District No. 184 — Primary Registration District No. 3038 — Registrar's No. 95

1. PLACE OF DEATH:

(a) County: Linn

(b) City or town: Brookfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: M Larney Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 Days (Specify whether

In this community: 18 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Linn

(c) City or town: Brookfield (If outside city or town limits, write "RURAL")

(d) Street No. 619 Crosby (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: WILLIAM JOSEPH HABERSTROH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife: Katherine Sheaphan Haberstroh

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

7. Birth date of deceased: May (Month) 24 (Day) 1869 (Year)

8. AGE: Years 78 Months 7 Days 7 If less than one day ... hr. ... min.

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

10. Usual occupation: Shoe Worker

11. Industry or business

FATHER

12. Name: Richard Haberstroh

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

MOTHER

14. Maiden name: Bridget Driscoll

15. Birthplace: Dublin (City, town, or county) Ireland (State or foreign country)

16. (a) Informant: Harry Haberstroh

(b) Address: Brookfield Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Jan-2-1948 (Month) (Day) (Year)

(c) Place: burial or cremation: St Louis Mo

18. (a) Signature of funeral director: Hill Funeral Home

(b) Address: Brookfield Mo.

19. (a) 1-2-47 (Date received local registrar) (b) Walter B Erwin (Registrar's signature) 167

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1947 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from 12-23-47, 19..., to Death, 19...; that I last saw him alive on 12-31, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Vascular Accident	3 days
Due to: Generalized Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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)

(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: Joseph W. Bohusek (M. D. or other)

Address: Brookfield, Mo. Date signed: 1-2-47

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

VS OCT 26 1953

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 J. R. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.