National Office of Vital Statistics

FILED JUN 28 1948

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5411

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 5215 Southwest 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 Mo. (b) County 1000

(c) City or town St. Louis 1790
(If outside city or town limits, write "RURAL")

(d) Street No. 5215 Southwest Ave.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME PETER M. HASELHORST

3. (b) If veteran, name war None

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna W.

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June (Month) 11 (Day) 1888 (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	0	3	..... hr. ..... min.

9. Birthplace Calhoun Co. (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Celluloid Cutter

11. Industry or business United Wood Heel Co.

FATHER
12. Name Frank Haselhorst
13. Birthplace ..... (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Philomena Unknown
15. Birthplace ..... (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Anna W. Haselhorst
(b) Address 5215 Southwest Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) JUN 14 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1948 hour 8:20 minute A. M.

21. I hereby certify that I attended the deceased from 6/4/48 ....., 19....., to 6/14/ 1948
that I last saw him alive on 6/15/48 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	
Due to	
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 M. E. Meeps 0 (M. D. or other)

Address 1625 Tower Grove Ave. Date signed 6/14/48

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

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 Richard W. Stavesand

Licensed Embalmer No. 4007

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.