

FILED AUG 6 1948

State File No.

6570

Registration District No.

318

Primary Registration District No.

100%

Registrar's 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:  
4024 Shreve 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)

3. (a) PRINT FULL NAME William Haspel3. (b) If veteran,  
name war.....3. (c) Social Security  
No. 489-18-11764. Sex Male 0  
5. Color or  
race White6. (a) Single, widowed, married,  
divorced Married6. (b) Name of husband or wife.....  
Madeline Haspel6. (c) Age of husband or wife if  
alive 69 years7. Birth date of deceased Oct. 1st. 1870  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
77 9 24 hr. min.9. Birthplace St. Joseph, Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Factory Employee11. Industry or business Wagner Elec. Co.12. Name William Haspel13. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Rose Ross15. Birthplace Indiana  
(City, town, or county) (State or foreign country)16. (a) Informant Rose Haspel(b) Address 4024 Shreve Ave.17. (a) Burial (b) Date thereof 7/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Joseph, Mo.18. (a) Signature of funeral director Sullivan Funeral Dir.(b) Address 2849 North Euclid Ave.19. (a) Aug 25 1948 (b) J. F. Bressler  
(Date received local registration) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4024 Shreve Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th.  
year 1948 hour 7.45 minute A. M.21. I hereby certify that I attended the deceased from  
1st July 1948 to July 25th, 1948  
that I last saw him alive on July 25th, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis 1 yr

Due to.....

Due to.....

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

Underline  
the cause to  
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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature M. E. Staehler (M. D. or other)  
Address 714 West Bridge Date signed 7/26/48

Dr. Melvin E. Staehle

7124 Natural Bridge

EV. 7117

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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.....

*Henry M. Brammer*

Licensed Embalmer No.....

*4200*

P. O. Address.....

*St. Louis*

**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.**