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

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 7 1948

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

27764

State File No. _____
Registrar's No. **7476**

Registration District No. **313** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis Mo.**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 weeks**
(Specify whether
In this community **27 years**
years, months or days)

3. (a) PRINT FULL NAME **Rev. Theo A Haefeale**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife **Amalia, (nee Roemer)** 6. (c) Age of husband or wife if alive **1873**
7. Birth date of deceased **August 1**
(Month) (Day) (Year)

8. AGE: Years **75** Months **0** Days **22** If less than one day hr. min.

9. Birthplace **Stolpe Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Pastor --retired**
11. Industry or business **formerly St. John's E.R Church**

12. Name **Frederick M Haefeale**
13. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)
14. Maiden name **Catherine Schlundt**
15. Birthplace **Alsace-Lorraine**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rev. Theo M Haefeale**
(b) Address **7205 Normandy Place**
17. (a) **Burial** (b) Date thereof **Aug. 27, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. John's Cemetery**
HENRY LEIDNER UNDERTAKING CO.

18. (a) Signature of funeral director **2223 S 22nd St. St. Louis, Mo.**
(b) Address **2223 S 22nd St. St. Louis, Mo.**
19. (a) **AUG 26 1948** (b) **J. F. Medea**
(Date received local registrar) (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. **7205 Normandy Place**
N. R. (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **23**
year **1948** hour **3** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **March 18**, 1947, to **August 23**, 1948;
that I last saw him alive on **August 23**, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death **Malignant Tumor of Kidney**
Due to **with metastases to lungs**
Due to _____

Other conditions (Include pregnancy within 3 months of death) **52**

Major findings: 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **A. R. Shuffler** (M. D. or other)
Address **624 N. Grand, St. Louis, Mo.** Date signed **8/24/48**

10201

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

John P. Buchholz

Licensed Embalmer No.

1674

P. O. Address

2223 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.