

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27776

FILED SEP 7 1948

Registration District No.

318

Primary Registration District No.

1005

Registrar's No.

7483

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: St. Louis City Hospital-Max C. Starkloff Memorial
(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

Edward Harbstreit

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Sophia Harbstreit 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 29 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace New Baden Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 13. Birthplace Unknown 14. Maiden name Unknown 15. Birthplace Unknown
(City, town, or county) (State or foreign country) (City, town, or county) (State or foreign country)

16. (a) Informant Wallace Harbstreit
(b) Address Muscoutah, Ill.

17. (a) Removal (b) Date thereof 8-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Baden, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4300 Washington Blvd.

19. (a) AUG 26 1948 (b) J. F. Bruneau
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4232 Olive St. (If rural, give location) 9
(e) Citizen of foreign country? 19 (Yes or No) 10
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th
year 1948 hour 2 minute 35 P. M.

21. I hereby certify that I attended the deceased from 8/23/48
19____, to Aug. 25th, 19____
that I last saw him alive on Aug. 25th, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to Carcinoma of tongue with metastases 4 yrs
Due to _____

Other conditions (Include pregnancy within 3 months of death) 45

Major findings: Of operations _____ Of autopsy _____
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 1514 Lafayette 8/25/48
Address _____ Date signed _____

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



Licensed Embalmer No. 2971

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.