

FILED AUG 23 1948
318

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County..... **St. Louis**
(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. John's**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution..... **1 day**
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... **Michael Gilbert Haskenhoff**

3. (b) If veteran, **No** name war.....
3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Jan 19 1948**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 22 hr. min.

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

10. Usual occupation..... **Nil**

11. Industry or business.....

12. Name..... **Arthur C. Haskenhoff**
13. Birthplace..... **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Bertha Loehen**
15. Birthplace..... **Belgium**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Arthur C. Haskenhoff**
(b) Address..... **6976 Lansdowne Ave.**

17. (a) **Burial** (b) Date thereof **Aug 14, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Park Lawn Cemetery**
C. Hoffmeister Colonial Mortuary

18. (a) Signature of funeral director.....
(b) Address..... **6464 Chippewa St.**

19. **AUG 12 1948** (b) **J. F. Bredack**
(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. **6976 Lansdowne Ave.**
(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 **11**
year **1948** hour **2** minute **00** P.M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Micro-Encephalic

Due to.....
Due to.....

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

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?..... (Specify type of place)

While at work?..... Means of injury.....
23. Signature..... **Patrick C. Taylor, Dep Col**
Address..... **1300 Clark** Date signed..... **Aug 22-48**

PHYSICIAN

Underline the cause of which death should be charged statistically.

me

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

Harry J. Schumacher

Licensed Embalmer No. *2679*

P. O. Address

7814 Broadway

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.