

National Office of Vital Statistics
FILED OCT 18 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8609

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:
5528 Waterman Avenue
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution.....
 In this community..... 10 yrs
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5528 Waterman Avenue
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME AUGUSTE HAIMANN3. (b) If veteran, name war..... No 3. (c) Social Security No. No

4. Sex..... female 5. Color or race..... white
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife..... Hermann Haimann
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... DECEMBER 4th 1877
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 9 28hr.min.9. Birthplace..... Germany
 (City, town, or country) (State or foreign country)10. Usual occupation..... at home

11. Industry or business.....

12. Name..... David Oppenheimer13. Birthplace..... Germany
 (City, town, or county) (State or foreign country)14. Maiden name..... Babette (unk)15. Birthplace..... Germany
 (City, town, or county) (State or foreign country)16. (a) Informant..... Theo Haimann(b) Address..... 416 Edgewood Dr.17. (a) burial (b) Date thereof..... 10/3/48
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation..... New Mount Sinai18. (a) Signature of funeral director..... Berger Memorial(b) Address..... 4715 McPherson19. (a) OCT 3 1948 (b) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Oct day..... 22
 year..... 1948 hour..... 12¹⁰ minute..... A M.21. I hereby certify that I attended the deceased from.....
March 1948 to..... Oct. 2nd 1948
 that I last saw h..... a alive on..... Sept. 30 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to..... Cachexia 3 wks
Carcinoma of stomach 8 mo

Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death) H6Major 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) (Means of injury)Signature..... J. E. Gruenfeld (M. D. or other) MDAddress..... 4500 Olive Date signed..... 10/12/48

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 _____

Reveris A. Puckering

*Licensed Embalmer No. *4329*

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.