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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

38185

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9741**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(b) City or town St. Louis, Missouri.
(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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days Memorial (Specify whether
years, months or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Sr Louis
(If outside city or town limits, write "RURAL") 1223a So Vandeventer

(d) Street No. 78 (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME CHARLES HAILFINGER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8th
year 1948 hour 6 minute 50 P M.

21. I hereby certify that I attended the deceased from 10/24/48
_____, 19____, to Nov. 8th, 1948
that I last saw h. in alive on Nov. 8th, 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased March 8 1870
(Month) (Day) (Year)

Immediate cause of death Thrombosis of left Middle Cerebral Artery Duration 2 weeks

Due to Arteriosclerosis and Hypertension

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

8. AGE: Years 77 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Meat Cutter

11. Industry or business Karl Hailfinger

12. Name Germany

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Feigle

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Hailfinger

(b) Address 1223a So Vandeventer

17. (a) cremation (b) Date thereof 11-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Rowland Mortuary Svc

(b) Address 4104 Manchester

19. (a) NOV 9 1948 (b) J. B. Blaster
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 8/2

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? Y (Specify type of place) (e) Means of injury W. M. Lankford, M.D.

23. Signature 1515 Lafayette 11/9/48
Address Date signed

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

MOTHER FATHER

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.....

J. Allen Davis Jr.
.....
Licensed Embalmer No. *4053*

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.