

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 11 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

41493
State File No. 11135
Registrar's No.

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: State Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Months
In this community Life
(Specify whether years, months or days)

3: (a) PRINT

FULL NAME HENRIETTA HAAG

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased March 6, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 9 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name John Rumzi
13. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Louise Kehlenbrink
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Haag
(b) Address 5244 Davison Ave

17. (a) Burial (b) Date thereof: 12-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Math. Hermann & Son, Inc.
(b) Address 2161 E. Fair Ave

19. (a) DEC 24 1948 (b) J.B. Laato
(Date received local registrar) (Registrar's signature)

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. 5244 Davison 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 December day 22
year 1948 hour 4:35 minute P. M.

21. I hereby certify that I attended the deceased from May 24, 1948, to December 22, 1948;
that I last saw her alive on December 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis
Senility Duration 1948x

Due to _____

Due to _____
Other conditions 97
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy No
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? _____

(Specify type of place) _____
While at work _____ (e) Means of injury _____
23. Signature Jack R. P. [unclear] (M. D. or other)
Address 5400 Arsenal St. Date signed 2/23/48

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

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.....

W. Alfred H. Burnley

Licensed Embalmer No.....

4202 C

P. O. Address.....

St. Louis Mo

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.