

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2745-719

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No.	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2236 Indiana Ave.		d. STREET ADDRESS (If rural, give location) 2236 Indiana Ave.			
3. NAME OF DECEASED (Type or Print) Clara		a. (First) b. (Middle) c. (Last) Haberkorn		4. DATE OF DEATH (Month) (Day) (Year) January 23, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH February 5, 1878	9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Franz Haberkorn			
13b. MOTHER'S MAIDEN NAME Anna Kiesel		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Oliver Haberkorn	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coraice Relatation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Myocarditis Chr. Coronary Lesions DUE TO (c) Auricular Fibrillation Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 day 2 yrs. 2 1/2 yrs.	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 450:5 / 12/11		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 10, 1945, to Jan 23, 1949, that I last saw the deceased alive on Jan 22, 1949, and that death occurred at m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Geo. Calambokidis, M.D.		23b. ADDRESS 2767 Harrison St. St. Louis MO		23c. DATE SIGNED 1-28-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 25, 1949		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	
24d. LOCATION (City, town, or county) St. Louis County		24e. (State) MO.			
DATE REC'D BY LOCAL REG. JAN 24 1949		REGISTRAR'S SIGNATURE J.B. Lancaster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons Und. Co. 2630 Gravois Ave.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

[Handwritten mark]

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *Robert F. Gebker*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.