

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1203**

BIRTH NO. **49-010145** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1203**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY MO	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY HOSP		d. STREET ADDRESS (If rural, give location) 9048 ROSMARY	

3. NAME OF DECEASED (Type or Print) BABY HABERBERGER	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) FEB 7 1949
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5. SEX MALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH FEB. 7, 1949	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. 2 45
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME FRANK	13b. MOTHER'S MAIDEN NAME ANNA KONERT	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME FRANK HABERBERGER	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) prematurity, 7mo. DUE TO (c) 3		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		159776 X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2-7**, 19**49**, to **2-7**, 19**49**, that I last saw the deceased alive on **2-7**, 19**49**, and that death occurred at **11:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS 380 F Wilmington Ave	23c. DATE SIGNED 2-7-49
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24a. BURIAL (CREMATION) REMOVAL (Specify) BURIAL	24b. DATE 2/8/49	24c. NAME OF CEMETERY OR CREMATORY MAXVILLE, MO.	24d. LOCATION (City, town, or county) (State) ARNOLD, RI MISSOURI
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DATE REC'D BY LOCAL REG. FEB 8 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Fendler Mnd. Co. 7420 Michigan
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

PL 7237

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 _____

working under my personal supervision.

Student
Student Embalmer

Not Embalmed
Signed _____

Student Embalmer No. _____

Licensed Embalmer No. _____

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.