

FILED JUL 15 1949

STANDARD CERTIFICATE OF DEATH

State File No. 21127

BIRTH NO. 44870-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5452

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. c. LENGTH OF STAY (in this place) 5 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo., b. COUNTY oad
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, d. STREET ADDRESS (If rural, give location) 16 4060 Phillips,

3. NAME OF DECEASED (Type or Print) a. (First) Infant (Boy) Haupt, b. (Middle) c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) 7/6/49

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 8. DATE OF BIRTH 7/6/49 9. AGE (in years last birthday) 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (State or foreign country) St. Louis, Mo., 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Herbert G. Haupt 13b. MOTHER'S MAIDEN NAME Norma Jolliff 13c. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none none 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herbert Haupt 4060 Phillips.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Delivery INTERVAL BETWEEN ONSET AND DEATH 30 m
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Twin pregnancy. DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) 139

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 776X

22. I hereby certify that I attended the deceased from 7-6, 1949, to 7-6, 1949, that I last saw the deceased alive on July 6, 1949, and that death occurred at 7:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED
Phyllys M. D. 687 N. Grand 7-7-49

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)
burial 7/7/49 Calceordia Cemetery St. Louis, Mo.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
JUL 7 1949 J. B. Lester Burkart-Yeager 380 DONNICA

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

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.

A. J. W. H. C.