

FILED JUL 2 1949

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21964

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3066		Registrar's No. 1322	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 915			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. LENGTH OF STAY (In this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson		6	
d. FULL NAME OF HOSPITAL OR INSTITUTION U.S. Marine Hospital, Kirkwood, Mo.				d. STREET ADDRESS (If rural, give location) 44 Bangert			
3. NAME OF DECEASED (Type or Print) a. (First) Frank			b. (Middle) Joseph		c. (Last) Haefling		4. DATE OF DEATH (Month) May (Day) 28 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 1, 1884	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 6 Days 28	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Unemployed		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank Haefling			13b. MOTHER'S MAIDEN NAME Elizabeth Nolte		14. NAME OF HUSBAND OR WIFE Katherine Haefling		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.1		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME U.S. Marine Hospital, Kirkwood, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease ANTECEDENT CAUSES Coronary artery sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201 93d				INTERVAL BETWEEN ONSET AND DEATH 7 years	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) X		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? X			
22. I hereby certify that I attended the deceased from March 31, 1949 , to May 28, 1949 , that I last saw the deceased alive on May 28, 1949 , and that death occurred at 8:10 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE John S. Benson John S. Benson, S.A. Surg. U.S. P.H.S.				23b. ADDRESS U.S. Marine Hospital, Kirkwood, Mo.		23c. DATE SIGNED 5/29/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/2/49		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks	
DATE REC'D BY LOCAL REG. 5-31-49		REGISTRAR'S SIGNATURE Theresa V. L...		25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home ADDRESS Ferguson, Mo.			

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

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JUL 5 1948

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 L. M. White

Licensed Embalmer No. 3973

P. O. Address Hergman, Ill

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.