

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25652

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>517</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1888</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN _____) c. LENGTH OF STAY (to this place) <u>12 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8355 Madison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>96</u> d. STREET ADDRESS (If rural, give location) <u>8355 Madison</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Henry</u> c. (Last) <u>Havenar</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>22</u> (Year) <u>1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>		8. DATE OF BIRTH <u>July 3 1873</u>		9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Custodian</u>		11. BIRTHPLACE (State or foreign country) <u>Indianapolis, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Havenar</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Brusson</u>		14. NAME OF HUSBAND OR WIFE <u>Ida F. Havenar</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wilma Havenar</u> ADDRESS <u>8355 Madison</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lympho Sarcoma Blung Liver</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>169X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>intermittently</u>			
22. I hereby certify that I attended the deceased from <u>Aug 2 1948</u> to <u>July 22, 1949</u> , that I last saw the deceased alive on <u>July 20, 1949</u> , and that death occurred <u>about 7:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Blufford Dandis M.D.</u> (Degree or title)				23b. ADDRESS <u>St Louis Mo.</u>		23c. DATE SIGNED <u>July 23 1949</u>	
24a. BURIAL CREMATION-REMOVAL (Specify) _____		24b. DATE <u>July 25, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harvel Cemetery</u>		24d. LOCATION (City, town, or county) <u>Harvel Illinois</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>7-25-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shepard Funeral Home</u> ADDRESS <u>1167 Hamilton</u>			

(Licensed Embalmer's Statement on Reverse Side) L

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.

Signed Almo R. Sadwell

Signed.....
Student Embalmer

Licensed Embalmer No. 4077

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.