V.S. No. 300
REV. 10.48

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

FILED AUG 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28868

BIRTH NO. _____ REG. DIST. NO. 1317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1884

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson Barracks, Mo.
c. LENGTH OF STAY (in this place): 74 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Vet. Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albers
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): A.
c. (Last): HAAKE

4. DATE OF DEATH (Month) (Day) (Year): August 5, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 19, 1894
9. AGE (In years last birthday): 55 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Germantown, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unavailable
13b. MOTHER'S MAIDEN NAME: Unavailable
14. NAME OF HUSBAND OR WIFE: Jacobina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World-War I
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Eugene F. Nolan, Registrar — Vet. Adm. Hosp. Jeff. Bks. Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED CARCINOMATOSIS, PRIMARY SITE UNDETERMINED — Interval between onset and death: Unknown

ANTECEDENT CAUSES

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.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) a.m. p.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 23, 1949, *to* Aug. 5, 1949, *that I last saw the deceased alive on* August 5, 1949, *and that death occurred at* 10:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE L. E. Stilwell (Degree or title): L.E. Stilwell, M.D. Chf. Prof. Services
23b. ADDRESS: Vet. Adm. Hosp. Jeff. Bks. Mo
23c. DATE SIGNED: 8/5/49

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: Aug-5-49
24c. NAME OF CEMETERY OR CREMATORY: BREESE ILLINOIS
24d. LOCATION (City, town, or county) (State): BREESE. ILLINOIS

DATE REC'D BY LOCAL REG.: 8-5-49
REGISTRAR'S SIGNATURE: Herbert R. Monke MD
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: C. Hoffmeister U & L. Co. St. Louis, Mo. 7814 S. BROADWAY

(Licensed Embalmer's Statement on Reverse Side)

I hereby certify that the Body whose name is recorddd on the reverse side of this certif
was embalmed by me.

Linnie C Hoffmeister

Embalmer.

Licenses Number 3871

P.O.Address 7814 S. Broadw

State St. Louis, Mo.