

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35830**

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3070</u>		Registrar's No. <u>4105</u>	
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</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) OR TOWN <u>NEASTER GROVES</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>541 MARSHALL AVE.</u>			
c. LENGTH OF STAY (in this place) <u>14 MONTHS</u>				e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEASTER GROVES</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>541 MARSHALL AVE.</u>				d. STREET ADDRESS (If rural, give location) <u>541 MARSHALL AVE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>LOUIS</u>		c. (Last) <u>HAACK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 9 1949</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN 5 1868</u>		9. AGE (In years last birthday) <u>81</u> # UNDER 1 YEAR Months <u>9</u> Days <u>4</u> # UNDER 12 HRS. Hours <u>4</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINISTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MINISTER</u>		11. BIRTHPLACE (State or foreign country) <u>PRINCETON ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CHRISTIAN G. HAACK</u>			13b. MOTHER'S MAIDEN NAME <u>MARIA WALK KROEHNKE</u>			14. NAME OF HUSBAND OR WIFE <u>CLORA ALICE ISLEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Amo Haack 541 Marshall Ave N.S. Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u>  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.				INTERVAL BETWEEN ONSET AND DEATH <u>Apr 1948</u>  <u>4201</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>420.1</u>				20. AUTOPSY? / YES <input type="checkbox"/> NO <input checked="" 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) <u>ST LO</u>			
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? _____			
22. I hereby certify that I attended the deceased from <u>6-27</u> , 19 <u>49</u> , to <u>10-9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10-9</u> , 19 <u>49</u> , and that death occurred at <u>11:30 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Olmsted M.D.</u>				23b. ADDRESS <u>3720 Washington Blvd</u>		23c. DATE SIGNED <u>10-9-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/10/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Protestant</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe Miss Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-10-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Blomke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MITTELBOEG FUNI HOME, NEASTER GROVES MO</u>			

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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 Elmo P. Radwell

Licensed Embalmer No. 4077

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.