

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39631**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **2002** Registrar's No. **04544**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY <b>St. Louis,</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>University City 5,</b> township)		c. CITY (If outside corporate limits, write RURAL and give township) <b>University City 5,</b> OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7129 Cornell Avenue,</b>		d. STREET ADDRESS (If rural, give location) <b>7129 Cornell Avenue,</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES F.</b> b. (Middle) <b>FRANCIS</b> c. (Last) <b>HAANEL.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 27th, 1949.</b>
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5. SEX <b>Male.</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married.</b>	8. DATE OF BIRTH <b>May 22, 1866.</b>	9. AGE (In years last birthday) <b>83.</b> IF UNDER 1 YEAR: Months <b>6.</b> Days <b>5.</b> IF UNDER 24 HRS. Hours <b>5.</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired.. Key System</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>school.</b>	11. BIRTHPLACE (State or foreign country) <b>Lansing, Michigan.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Hugo Paul Haanel.</b>	13b. MOTHER'S MAIDEN NAME <b>Emilyn Fox.</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret N. Haanel.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b> (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <b>None.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Charles F. Haanel,</b> ADDRESS <b>7129 Cornell Ave.,</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>unk</b>  <b>7455</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cause unknown</b>		
	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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **1:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert R. Womke</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>651 So. Brentwood Blvd.</b>	23c. DATE SIGNED <b>11/29/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial.</b>	24b. DATE <b>11/30/1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery,</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>11-29-49</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Womke, MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons,</b> ADDRESS <b>7233 Delmar Blvd.,</b>
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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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.