

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2569

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 394	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 78		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 14 6215 Winona	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6215 Winona				3. NAME OF DECEASED a. (First) Jacob (Type or Print) b. (Middle) Albert c. (Last) Haupt			
4. DATE OF DEATH Jan. 12 1950		5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Jan. 18 1872		9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) RETIRED BUTCHER Retired Butcher		11. BIRTHPLACE (State or foreign country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Jacob Haupt		13b. MOTHER'S MAIDEN NAME Catherine Bisser		14. NAME OF HUSBAND OR WIFE Frances deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jacob D. Haupt 3001 Meramec			
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) Cerebral-Hemorrhage ANTECEDENT CAUSES Cancer of Lung (R) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infirmities of age - 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 Five years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) St. Louis Me		21f. HOW DID INJURY OCCUR? 163X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Jan. 1948 , to Jan 13 - 1960 , that I last saw the deceased alive after 11 , 1960 , and that death occurred at 10:06 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D. J. McHann M.D.		23b. ADDRESS 2025 S. Jefferson		23c. DATE SIGNED Jan 13 - 1960			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-16-1950		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. JAN 13 1950		REGISTRAR'S SIGNATURE J. B. Asstet		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schumacher Und. Co. 3013 Meramec			

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

will

*10000
20270 S. J. H.
1125440
2 W. 17. 630. 17*

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 *Francis Williamson*

Licensed Embalmer No. *3565*

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.