

FILED JUN 9 1950

STANDARD CERTIFICATE OF DEATH

18248

State File No.

318

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1003 Registrar's No. 4884

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		7099
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4539a Alice Ave.,</u>			f. STREET ADDRESS (If rural, give location) <u>4539a Alice Avenue</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edmund</u>		b. (Middle) <u>J.</u>	c. (Last) <u>Haupt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 2, 1950</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 4, 1904</u>	9. AGE (In years last birthday) <u>46</u>	# UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>6th Dist. Prison Guard</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Edward B. Haupt</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Willems</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Haupt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mildred Haupt, 4539a Alice Ave.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute myocarditis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Ch. Rheumatoid arthritis</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>722.0</u>	

22. I hereby certify that I attended the deceased from June 1, 1950 to June 2, 1950, that I last saw the deceased alive on June 2, 1950, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (In case or title) <u>J. B. Parson</u>		23b. ADDRESS <u>1446 S. Grand</u>		23c. DATE SIGNED <u>6-2-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>June 5, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Pickens Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>	
DATE RECD BY LOCAL REG. <u>JUN 2</u>		REGISTRAR'S SIGNATURE <u>J. B. Parson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math Hermann & Son, Inc., 2161 E. Fair Ave.</u>	

WRITE PLAINLY—USING UNFAADING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Walter G Burnley

Licensed Embalmer No.

42030

P. O. Address

St Louis Mo

Signed.....
Student Embalmer

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.