

THE DIVISION OF HEALTH OF MISSOURI
 FILED JUL 1 1950 STANDARD CERTIFICATE OF DEATH

22280

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>3065</u>		Registrar's No. <u>1516</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>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glendale</u>		c. LENGTH OF STAY (In this place) <u>1 Year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glendale</u>		4651			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>#3 Winnetka Lane</u>				b. STREET ADDRESS (If rural, give location) <u>#3 Winnetka Lane</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>			b. (Middle) _____		c. (Last) <u>HABERSTROH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 19 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>June 10, 1949</u>		9. AGE (In years last birthday) <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Stanley Haberstroh</u>			13b. MOTHER'S MAIDEN NAME <u>Rose Marie Scholle</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Stanley Haberstroh</u>				ADDRESS <u>#3 Winnetka Lane</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9MO</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>BRAIN TUMOR</u>				DUE TO (c) <u>(malignant)</u>				223X	
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 <u>11-7-49 operation - Found Brain tumor</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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2:20 PM 6/19/50</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>6/10, 1950</u> to <u>6/19, 1950</u> , that I last saw the deceased alive on <u>6/17, 1950</u> and that death occurred at <u>3:20 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Joseph C. Jaudon M.D.</u> (Degree or title)				23b. ADDRESS <u>7803rd Clayton Rd.</u>			23c. DATE SIGNED <u>6-20-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 20, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-20-50</u>		REGISTRAR'S SIGNATURE <u>Herbert L. ...</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u> ADDRESS <u>4228 S. Kingshighway Bl.</u>				

WRITE PLAINLY—USING UNFADING 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..... *William S. White*

Signed.....
Student Embalmer

Licensed Embalmer No. *4291*

P. O. Address *4278 E. Knappton*

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.