

BIRTH NO. _____ REG. DIST. NO. 3,2 PRIMARY REG. DIST. NO. 6076 Registrar's No. 433

4000
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY ST. LOUIS		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 NORMANDY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NORMANDY	
c. LENGTH OF STAY (In this place) 7 MO		4100	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3507 LINCOLN		d. STREET ADDRESS (If rural, give location) 3507 LINCOLN	

3. NAME OF DECEASED (Type or Print) GEORGE	a. (First)	b. (Middle) HAEFFNER	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) FEB-13-1951
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAR-8-1881	9. AGE (In years last birthday) 69	if UNDER 1 YEAR Months 11 Days 5	if UNDER 24 HRS. Hours 5 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) MORRISON - MO	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME GEORGE HAEFFNER	13b. MOTHER'S MAIDEN NAME MARY EICKMANN	14. NAME OF HUSBAND OR WIFE ELLA HAEFFNER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Blakeman	ADDRESS 612 1/2 bridge
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage			1 hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis			5 yrs
DUE TO (c) Generalized Arteriosclerosis				
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 none	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 **Jan 19 49** to **13 Feb, 1951**, that I last saw the deceased alive on **Jan 19 50**, and that death occurred at **6 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Richard A. Jones	(Degree or title) MD	23b. ADDRESS 3720 Worthington	23c. DATE SIGNED 14 Feb 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB-17-1951	24c. NAME OF CEMETERY OR CREMATORY GOOD HOPE CEM	24d. LOCATION (City, town, or county) (State) MORRISON - MO
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DATE REC'D BY LOCAL REG. 2/10/51	REGISTRAR'S SIGNATURE Hubert P. Jones	25. FUNERAL DIRECTOR'S SIGNATURE W. B. Tanner	ADDRESS 6107 Natural bridge
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

J. Wm Buntley

Licensed Embalmer No. *3653*

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.