

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

19088

State File No.

FILED JUN 9 1951

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 39

0951
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY OR TOWN <u>STE. GENEVIEVE</u>	c. LENGTH OF STAY (in this place) <u>WIFE</u>	c. CITY OR TOWN <u>STE. GENEVIEVE</u> : <u>0951</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>133 N 7th ST</u>		d. STREET ADDRESS (If rural, give location) <u>133 N 7th St</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DALLARD</u>	b. (Middle) <u>GEORGE</u>	c. (Last) <u>HAUL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 2 1951</u>
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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>MAY 2 1889</u>	9. AGE (In years) (last birthday) <u>62</u>	10. IF UNDER 1 YEAR Months	11. IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LIME CO</u>	11. BIRTHPLACE (State or foreign country) <u>STE. GENEVIEVE, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>GODFREY HAUL</u>	13b. MOTHER'S MAIDEN NAME <u>CORA LABRUYERE</u>	14. NAME OF HUSBAND OR WIFE <u>EMMA HERMAN</u>
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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>494-07-0112</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earl Haul Ste. Genevieve Mo</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>7 weeks</u> <u>symptoms developed</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dilatation</u> ANTECEDENT CAUSES <u>Secondary Esophagitis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Intestinal Obstruction</u> DUE TO (b) <u>Adeno Carcinoma Intestines</u> 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 <u>May 21-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adeno Carcinoma of Intestines</u>	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 April 24, 1951 to June 2, 1951, that I last saw the deceased alive on June 1, 1951, and that death occurred at 2450 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Ste. Genevieve Mo</u>	23c. DATE SIGNED <u>June 3 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 4 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALLEY SPRING Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u>
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DATE REC'D BY LOCAL REG. <u>June 5, 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	350	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Ste. Genevieve Mo</u>
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File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 7 1951
RECEIVED

SEP 1 1960

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 Thomas J. Eller

Licensed Embalmer No. 4740

P. O. Address St. Genevieve, 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.