

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

21248

3625

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) township <b>1dy</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2129</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>5208 Cabanne</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edith</b> b. (Middle) <b>M.</b> c. (Last) <b>Haskett</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 21, 1951</b>					
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 16, 1868</b>		9. AGE (in years last birthday) <b>82yrs</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Jackson Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Daniel Mack</b>			13b. MOTHER'S MAIDEN NAME <b>Rebecca Nelson</b>		14. NAME OF HUSBAND OR WIFE <b>Edwin J. Haskett</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Wm. F. Graf</b>				ADDRESS <b>5208A Cabanne Ave.</b>
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) <b>Arterio Sclerotic Heart Disease</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis</b>						<b>8 years</b>	
	DUE TO (c)							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Variouse ulcers Legs</b>						<b>5 years</b>	
19a. DATE OF OPERATION <b>none</b>		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? <b>4200</b>				
22. I hereby certify that I attended the deceased from <b>Feb 5, 1946</b> , to <b>June 21, 1951</b> , that I last saw the deceased alive on <b>June 20, 1951</b> , and that death occurred at <b>4:30 A.M.</b> from the causes and on the date stated above.								
23a. SIGNATURE <b>J. J. Gallagher</b>				23b. ADDRESS <b>3903 Blue</b>		23c. DATE SIGNED <b>6/21/51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 21, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield Mo.</b>			
DATE REC'D BY LOCAL <b>JUN 21 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A. Alexander &amp; Sons</b>		ADDRESS <b>6175 Delmar</b>		

(Licensed Embalmer's Statement on Reverse Side)

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.....

*Ronald O. Yalinski*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

*13917*

P. O. Address.....

*St. Louis*

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.