

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2438**

No. 300
10. 48

FILED JAN 8 1952

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **2**

9230

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

1. PLACE OF DEATH a. COUNTY St. Charles			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 St. Charles		c. LENGTH OF STAY (In this place) 26 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant 4000		d. STREET ADDRESS (If rural, give location) Route # 2
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital					
3. NAME OF DECEASED a. (First) John b. (Middle) _____ c. (Last) Haarmann			4. DATE OF DEATH (Month) (Day) (Year) Jan. 1, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 18, 1893	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Days 7 IF UNDER 4 HRS. Mins. 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY FARMER.	11. BIRTHPLACE (State or foreign country) Florissant, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Bernard Haarmann		13b. MOTHER'S MAIDEN NAME Anna Gittemeier		14. NAME OF HUSBAND OR WIFE Mary Haarmann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mary Haarmann, Florissant, Mo. ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease				10 yrs.
	DUE TO (c) Hemiplegia				
	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) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 5 Dec, 1951 , to 1 Jan, 1952 , that I last saw the deceased alive on 1 Jan, 1952 , and that death occurred at 5:45 m., from the causes and on the date stated above.					
23a. SIGNATURE Marion D. Bishop (Degree or title) _____			23b. ADDRESS 740 St. Francois Florissant Mo.		23c. DATE SIGNED Jan 2-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 3, 1952	24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cem.	24d. LOCATION (City, town, or county) (State) Florissant, Mo.		
DATE REC'D BY LOCAL REG. Jan 2-52	REGISTRAR'S SIGNATURE Francis Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home	ADDRESS White Chapel, Ferguson, Missouri.		

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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Francis H. Williams

Licensed Embalmer No. 3565

P. O. Address St. Louis, 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.