

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

11085

State File No.

S. No. 300
V. 10.48

APR 8 1952

317

4464

847

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
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 town) Overland		c. LENGTH OF STAY (in this place) 18 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Overland		420 X	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8612 Moran				d. STREET ADDRESS (If rural, give location) 8612 Moran			
3. NAME OF DECEASED (Type or Print) a. (First) Nettie b. (Middle) Grace c. (Last) Haverkamp			4. DATE OF DEATH (Month) (Day) (Year) Mar. 29 1952				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 7, 1884	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 3		IF UNDER 24 HRS. Days 22		IF UNDER 1 MIN. Hours 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Clarence Sammis			13b. MOTHER'S MAIDEN NAME Perfect		14. NAME OF HUSBAND OR WIFE Bernard Haverkamp		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Bernard Haverkamp			
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 23 days
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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		19b. MAJOR FINDINGS OF OPERATION 4201					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) (Min.)		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 March 6, 1952 , to March 29, 1952 , that I last saw the deceased alive on March 23, 1952 , and that death occurred at 7:30 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE C. E. Sterling M.D.				23b. ADDRESS 2050 North South Rd, St Louis Mo		23c. DATE SIGNED 3-29-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 1, 1952		24c. NAME OF CEMETERY OR CREMATORY Lake Charles		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. 3-29-52		REGISTRAR'S SIGNATURE Herbert R. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE Ortmann Funeral Home			
				ADDRESS 9222 Lackland			

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

W. C. Osterman

Signed.....

Student Embalmer

Licensed Embalmer No.

3478

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.