

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14324

State File No. ....

2739

FILED APR 23 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		<u>4452</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>7804 Maryland</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Haberthier</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 21 1952.</u>	
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>Sept 9, 1889.</u>		9. AGE (In years last birthday) <u>62</u> / IF UNDER 1 YEAR: Months <u>5</u> Days <u>13</u> / IF UNDER 12 HRS. Hours <u>13</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Milk Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. L. Dairy Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Case, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Joseph Haberthier</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Kinderlin</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Benj Haberthier</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War I.</u>		16. SOCIAL SECURITY NO. <u>489-18-2153</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Benj Haberthier, 7804 Maryland Ave</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Asphyxiation from aspiration of food, which he swallowed while eating food at St. Louis Dairy Co. 2201 Chestnut St</u> DUE TO _____ II. OTHER SIGNIFICANT CONDITIONS <u>an on Mar 21, 1952 exact time unknown</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no accident</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>no accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Dairy</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St. Louis Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 21, 52</u> ? m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E 9, 218-46</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:30 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edw. E. Dyer 3</u>				23b. ADDRESS <u>1300 Clark Ave</u>		23c. DATE SIGNED <u>3/24/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal of</u>		24b. DATE <u>3/24/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hills Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAR 24 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>LOUIS H BOPP INC. Kirkwood, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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

*Ronald O. Yakubik*

Licensed Embalmer No.

*3917*

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.