

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

**43465**

State File No. ....

**FILED JAN 10 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11619**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>2169</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3634 Louisiana</b>		d. STREET ADDRESS (If rural, give location) <b>16 3634 Louisiana</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Bertha</b> b. (Middle) c. (Last) <b>Haller</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Dec. 16 1952</b>		
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widow</b>	<b>8. DATE OF BIRTH</b> <b>Oct 17 1864</b>		<b>9. AGE</b> (In years last birthday) <b>88</b> If under 1 year: Months <b>1</b> Days <b>29</b> If under 12 hrs: Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Switzerland 5</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b>

<b>13a. FATHER'S NAME</b> <b>Jacob Hunziker</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Not Known</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Arnold (Deceased)</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>No</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Hilda Schulze 3634 Louisiana</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i>		DUE TO (b) <i>with Decompensation</i>			<i>about 2 years</i>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <i>Arteriosclerosis</i>			
2. ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (a.s., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>4221</b>	

**22. I hereby certify that I attended the deceased from July 15, 1952, to Dec. 16, 1952; that I last saw the deceased alive on Dec. 15, 1952; and that death occurred at 12:45 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <i>[Signature]</i>		<b>23b. ADDRESS</b> <b>3606 Travis</b>		<b>23c. DATE SIGNED</b> <b>12/16/52</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>		<b>24b. DATE</b> <b>12/18/52</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>New St. Marcus Cem,</b>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	

<b>DATE REC'D BY LOCAL</b> <b>DEC 17 1952</b>		<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Wm. Schumacher 3013 Meramec</b>	
--	--	--	--	---	--

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

(Licensed Embalmer's Statement on Reverse Side)

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 Jack Haupt

Licensed Embalmer No. 4546

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.