

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

**4008**

State File No. \_\_\_\_\_

FILED JAN 30 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>531</u>		Registrar's No. <u>0234</u>	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>UNIVERSITY CITY</b>		c. LENGTH OF STAY (In this place) <b>8 1/2 years.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>UNIVERSITY CITY</b> <u>4336</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6375 WATERMAN AVE.,</b>				d. STREET ADDRESS (If rural, give location) <b>6375 WATERMAN AVE.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD</b>		b. (Middle) <b>ARTHUR</b>		c. (Last) <b>HAIID.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 21, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed.</b>	8. DATE OF BIRTH <b>Nov 4, 1881.</b>	9. AGE (In years last birthday) <b>71.</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Attorney at law.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self employed.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Frederick W. Haid.</b>		13b. MOTHER'S MAIDEN NAME <b>Sophia Cramer.</b>		14. NAME OF HUSBAND OR WIFE <b>Princess A. Haid.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no.</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>no.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edward C. Haid., 6375 Waterman 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, asthenia, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of lungs -</b></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Generalized metastases</b></p>				<p>INTERVAL BETWEEN ONSET AND DEATH <b>8 mos.</b></p> <p><b>1 mo.</b></p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>163X</b>				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 <u>Oct 10</u> , 19 <u>52</u> to <u>1-21</u> , 19 <u>53</u> that I last saw the deceased alive on <u>1-21</u> , 19 <u>53</u> and that death occurred at <u>11</u> : <u>Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>R. Freeman M.D.</b>				23b. ADDRESS <b>462 No. Jay Ln</b>		23c. DATE SIGNED <b>1-22-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial.</b>		24b. DATE <b>Jan'y 23/53.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery.</b>		24d. LOCATION (City, town, or county) (State) <b>#7600 St. Charles Road.</b>	
DATE REC'D BY LOCAL REG. <b>1-22-53</b>		REGISTRAR'S SIGNATURE <b>Hester R. Donohue M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.,</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

06

MAR 25 1953

APR 21 1953

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.....

*Arnold W. Schoene*

Licensed Embalmer No. ....

*3864*

P. O. Address.....

*St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.