

FILED FEB 25 1953

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7595**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1212**

1. PLACE OF DEATH

a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St Louis**

c. LENGTH OF STAY (In this place) **no time**

d. FULL NAME OF HOSPITAL OR INSTITUTION **5th. & Washington**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Illinois**

b. COUNTY **St. Clair**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **East St. Louis** **8120**

d. STREET ADDRESS (If rural, give location) **1406 Winstanley Ave.**

3. NAME OF DECEASED

a. (First) **Charles**

b. (Middle) **D.**

c. (Last) **Haeffner**

4. DATE OF DEATH (Month) (Day) (Year) **Jan. 31, 1953**

5. SEX **Male**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed**

8. DATE OF BIRTH **Feb. 1, 1881**

9. AGE (In years last birthday) **71**

IF UNDER 1 YEAR: Months _____ Days _____

IF UNDER 100 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **East St. Louis, Ill**

12. CITIZEN OF WHAT COUNTRY? **U.S.A**

13a. FATHER'S NAME **George Haeffner**

13b. MOTHER'S MAIDEN NAME **Anna Grine**

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or dates of service) **Span. Amer.**

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME **Mrs. Lillian Miller** ADDRESS **East St. Louis, Ill**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **arteriosclerotic Heart Disease**

INTERVAL BETWEEN ONSET AND DEATH **4 years**

ANTECEDENT CAUSES

Morbid 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 _____

20. AUTOPSY? YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **4200**

22. I hereby certify that I attended the deceased from **7**, 19**50**, to **12**, 19**52**, that I last saw the deceased alive on **12-30**, 19**52**, and that death occurred at **6:30P** m., from the causes and on the date stated above.

23a. SIGNATURE **Paul W. Silversmith, M.D.** (Degree or title)

23b. ADDRESS **508 W. Belmont**

23c. DATE SIGNED **2-2-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Feb. 4, 1953**

24c. NAME OF CEMETERY OR CREMATORY **National Cemetery, Jeff. Barracks Mo.**

24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. **FEB 2 1953**

REGISTRAR'S SIGNATURE **Paul W. Silversmith M.D.**

5. FUNERAL DIRECTOR'S SIGNATURE **Chas. M. Burke** ADDRESS **East St. Louis, Ill**

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Chas M. Beech

Signed.....

Student Embalmer

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill

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.