

FILED FEB 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8145

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 488	
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 township) OR TOWN Clayton		c. LENGTH OF STAY (In this place) 1 Day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park		81 4761	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital				d. STREET ADDRESS (If rural, give location) 332 Benton St.			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) WILLIAM		c. (Last) HAUFLEB		4. DATE OF DEATH (Month) (Day) (Year) 2-8-53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown	8. DATE OF BIRTH Oct 30 1870		9. AGE (In years last birthday) 82	10. MONTHS 3	11. DAYS 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) Harrisburg Penna.		12. CITIZEN OF WHAT COUNTRY? America	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE UNKNOWN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond Moll Valley Park Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Large Bowel obstruction				INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Failure					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				5705	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 2-7, 1953 to 2-8, 1953, that I last saw the deceased alive on 2-8, 1953, and that death occurred at 3:10 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. J. Gahan M.D.				23b. ADDRESS 601 S. Brentwood Clayton		23c. DATE SIGNED 2/9/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-10-53		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood Mo.	
DATE REC'D BY LOCAL REG. 2-10-53		REGISTRAR'S SIGNATURE Herbert R. Dombi, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger		ADDRESS Kirkwood 22 Mo.	

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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *William H Pfitzinger*

Licensed Embalmer No. *7818*

P. O. Address *Keokuk, 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.