

STANDARD CERTIFICATE OF DEATH

State File No. **11065**

FILED MAR 16 1953

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| BIRTH NO. | | REG. DIST. NO. 310 | PRIMARY REG. DIST. NO. 3058 | Registrar's No. |
| 1. PLACE OF DEATH a. COUNTY Saint Charles | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Saint Charles | | c. CITY (If outside corporate limits, write RURAL and give township) Saint Charles 0923 | | |
| c. LENGTH OF STAY (In this place) 24 days | | d. STREET ADDRESS (If rural, give location) 1212 North Third Street | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph's Hospital | | | | |
| 3. NAME OF DECEASED a. (First) Frank (Type or Print) | | b. (Middle) T. | | c. (Last) Haake |
| 4. DATE OF DEATH (Month) (Day) (Year) March 4, 1953 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH June 8, 1871 | 9. AGE (In years last birthday) 81 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) moulder | | 10b. KIND OF BUSINESS OR INDUSTRY retired | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME unknown | | 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE Anna (nee Heckmann) Haake |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME Edward Haake, Saint Charles, Mo. |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism | | INTERVAL BETWEEN ONSET AND DEATH 5 minutes |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Venous Thrombosis | | DUE TO (c) | | unknown |
| II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy | | | | unknown |
| 19a. DATE OF OPERATION Feb. 16, 1953 | 19b. MAJOR FINDINGS OF OPERATION Prostatic Hypertrophy | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) none | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? none | | |
| 22. I hereby certify that I attended the deceased from Feb. 6, 1953 , to March 4, 1953 , that I last saw the deceased alive on March 4, 1953 , and that death occurred at 9:15 a.m. , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) Don 2. Randall, M.D. | | 23b. ADDRESS 207 N. 5th St. Charles, Mo. | | 23c. DATE SIGNED March 7, 1953 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE March 7, 1953 | 24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery | 24d. LOCATION (City, town, or county) (State) Saint Charles, Mo. | |
| DATE REC'D BY LOCAL REG. March 7, 1953 | REGISTRAR'S SIGNATURE Francis Hamilton | 25. FUNERAL DIRECTOR'S SIGNATURE H.C. Dalloway | | ADDRESS Don St. Charles, Mo. |

(Licensed Embalmer's Statement on Reverse Side)

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

923
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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 *Frank P. Randolph*

Licensed Embalmer No. *4837*

P. O. Address *St. Charles, 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.