

FILED NOV 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37856**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **2622**

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) Wellston		c. LENGTH OF STAY (In this place) 20 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Wellston		d. STREET ADDRESS (If rural, give location) 1515 Wellston Pl.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1515 Wellston Pl.				d. STREET ADDRESS (If rural, give location) 1515 Wellston Pl.			
3. NAME OF DECEASED (Type or Print) George		a. (First) George		b. (Middle) M		c. (Last) Haigler	
4. DATE OF DEATH (Month) (Day) (Year) 10-9-53		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 10/13/1877		9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICAL MAINTENANCE MAN		11. BIRTHPLACE (State or foreign country) Blackwalnut, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICAL MAINTENANCE MAN		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Blackwalnut, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Loman H. Haigler		13b. MOTHER'S MAIDEN NAME Margaret unk		14. NAME OF HUSBAND OR WIFE Elizabeth Haigler			
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. 491-18-1652a		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Haigler 1515 Wellston Pl.			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 3 years			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arterio sclerosis				10 yrs			
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				331X			
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) (Min.)		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 6-16 , 19 53 , to 10-9 , 19 53 , that I last saw the deceased alive on 9-19 , 19 53 , and that death occurred at 9:20am. , from the causes and on the date stated above.							
23a. SIGNATURE David Anate				23b. ADDRESS M. D. 1194 Hodiamont Ave		23c. DATE SIGNED 10-9-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 10/12/53		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 10/9/53		REGISTRAR'S SIGNATURE Herbert S. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.			

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 _____

Alfred J. Boedeker

Signed.....

Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Hudson

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.

28-10-4-1