

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45346

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

FILED JAN 19 1954

REG. DIST. NO. \_\_\_\_\_

318

PRIMARY REG. DIST. NO. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

12159

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS, MISSOURY</u>		c. LENGTH OF STAY (In this place) <u>5</u> c. CITY OR TOWN <u>St Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>		c. (Last) <u>HAUPT SR.</u>	
b. (Middle) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 23, 1953</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>Jan 15, 1886</u>	
9. AGE (In years last birthday) <u>67</u>		10. MONTHS <u>0</u> DAYS <u>0</u> HOURS <u>0</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Portrait</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Haupt</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>	
14. NAME OF HUSBAND OR WIFE <u>Bernadine Haupt</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry W Haupt Jr 8516 Richard U.C.</u>	
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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF PROSTATE</u>			
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 <input type="checkbox"/> NO <input 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? _____		<u>177X</u>	
22. I hereby certify that I attended the deceased from <u>11-22-53, 19</u> , to <u>12-23-53, 19</u> , that I last saw the deceased alive on <u>12-23-53, 19</u> , and that death occurred at <u>3:45P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Shale M. Rife, M.D.</u>		23b. ADDRESS <u>1515 Lafayette Avenue</u>	
23c. DATE SIGNED <u>12-24-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>		24b. DATE <u>12/26/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 26 1953</u>		REGISTRAR'S SIGNATURE <u>Glenn Smith M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J L Ziegenhein &amp; Sons</u>		ADDRESS <u>7027 Gravois</u>	

C.R. (Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *B. F. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Ave*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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