

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10076**  
Registrar's No. **2739**

FILED APR 2 1954

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis,</b>		c. CITY OR TOWN <b>St. Louis.</b>	
c. LENGTH OF STAY (in this place) <b>Jan. 16, 1953</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Chronic Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>5800 Arsenal St.</b>	
3. NAME OF DECEASED a. (First) <b>William</b> b. (Middle) <b>Habich</b> c. (Last) <b>Habich</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 24, 1954</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>March 14, 1878</b>
9. AGE (In years last birthday) <b>76</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Employee, Hy-Grade Water Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Water</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Ignatz Habich</b>		13b. MOTHER'S MAIDEN NAME <b>Carolina Lamb</b>	14. NAME OF HUSBAND OR WIFE <b>Clara ?</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>498-07-0249</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Harry Stocker</b>
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) <b>Cerebral Embolism</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Generalized Arteriosclerosis with</b>	
		DUE TO (c) <b>Arteriosclerotic heart disease</b>	
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 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)	<b>4200</b>
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 <b>January 16, 1953</b> , to <b>March 24, 1954</b> , that I last saw the deceased alive on <b>March 24, 1954</b> , and that death occurred at <b>12:55 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Palmer Duane Bowlich M.D.</b>		23b. ADDRESS <b>5800 Arsenal St.</b>	23c. DATE SIGNED <b>3-24-1954</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>Mar. 26, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>
DATE REC'D BY LOCAL REG. <b>MAR 26 1954</b>	REGISTRAR'S SIGNATURE <b>J. Charles Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Alexander &amp; Sons, Inc.</b> ADDRESS <b>6175 Delmar Blvd.</b>	

**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.....  
*J. E. McCulloch*

Licensed Embalmer No. 296

P. O. Address..... 61712 D

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.