

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17161

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

FILED MAY 17 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 4113

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 2020 College Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2020 College Ave.		2020 College Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Otto b. (Middle) C. c. (Last) Haldenwanger		4. DATE OF DEATH (Month) (Day) (Year) May 5. 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 13. 1881
9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR Months	11. IF UNDER 28 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mailcarrier		10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office	
11. BIRTHPLACE (City and State or Foreign Country) Trier Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Carl Haldenwanger		13b. MOTHER'S MAIDEN NAME Mary Munshauer	
14. NAME OF HUSBAND OR WIFE Elizabeth Haldenwanger			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Otto Haldenwanger		ADDRESS 2020 College Ave	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach  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 Feb. 1954		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach with Metastasis	
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?		.151X	
22. I hereby certify that I attended the deceased from February 1954, to May, 1954, that I last saw the deceased alive on May 1, 1954, and that death occurred at 12 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Lawrence D. Orfal M.D.		23b. ADDRESS 600 S. Highways	
23c. DATE SIGNED 5/6/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 8, 1954	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. MAY 7 1954		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE W. A. Stock		ADDRESS 2117 E. Grand Ave.	

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 *Frank A. Moore*.....

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Main*

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.