

FILED APR 27 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15017

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 541	Registrar's No. 839
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles		
b. CITY OR TOWN Clayton		c. CITY OR TOWN St. Charles		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (If this place township) 4 days		e. STREET ADDRESS (If rural, give location) 734 Tompkins St. 0927		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		3. NAME OF DECEASED (Type or Print) EMMA HAFFERKAMP		
a. (First)		b. (Middle)		c. (Last)
4. DATE OF DEATH April 11, 1956		5. SEX Female		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH July 16, 1867
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME William Hafferkamp		13b. MOTHER'S MAIDEN NAME Marie Dueter		14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Julia Hafferkamp, St. Charles, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Bronchopneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Fracture Right Femur</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>4 days</u>
19a. DATE OF OPERATION 4/9/56		19b. MAJOR FINDINGS OF OPERATION Subcapital Fracture of Right Femur		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Nursing Home		21c. (CITY, TOWN, OR TOWNSHIP) Berkeley, St. Louis Co., Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4/7/1956 ? m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR St. fell while walking
22. I hereby certify that I attended the deceased from 4-7, 1956, to 4-11, 1956, that I last saw the deceased alive on 4-11, 1956, and that death occurred at 7:30 p.m., from the causes and on the date stated above.				
23a. SIGNATURE Robert E. Froelich, M.D.		23b. ADDRESS 6015 Brentwood, Clayton, Mo.		23c. DATE SIGNED 4/12/56
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE April 15, 1956		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
24d. LOCATION (City, town, or county) St. Charles, Missouri		24e. (State)		
DATE REC'D BY LOCAL REG. 4-12-56		REGISTRAR'S SIGNATURE Richard R. Dumble		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur C. Bane, St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

**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 *Flora M. Billo*.....

Licensed Embalmer No. *4375*

P. O. Address *St. Charles*.....

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.