FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 17945

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4124

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2164
c. CITY OR TOWN: ST. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 16 2814 Louisiana Ave.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Joseph
b. (Middle): J.
c. (Last): Habermehl

**4. DATE OF DEATH** (Month) (Day) (Year): Apr. 25, 1956

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: April 24, 1871
**9. AGE** (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Carpenter
**10b. KIND OF BUSINESS OR INDUSTRY**: Retired
**11. BIRTHPLACE** (City and State or Foreign Country): Columbia, Illinois
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Joseph Habermehl
**13b. MOTHER'S MAIDEN NAME**: Anna Reichstadt
**14. NAME OF HUSBAND OR WIFE**: Anna Habermehl

**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.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: George Habermehl — ADDRESS: 1362 N. 23rd St. E. St. L. Ill.

**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, asthenia, 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) | Myocardial Infarction | 4 days |
| ANTECEDENT CAUSES — DUE TO (b) | General Arterio-Sclerosis | 2 years |
| DUE TO (c) | Diabetes Mellitus | 1 year |
| II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. | Myocardial Heart Disease | 5 years |

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: None 260X ~~420.1~~
**20. AUTOPSY?** YES ☐ NO ☑

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Feb. 22, 1955, *to* April 25, 1956, *that I last saw the deceased alive on* April 25, 1956, *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Julius Chas. Kotter M.D.
**23b. ADDRESS**: 2603 Cherokee St.
**23c. DATE SIGNED**: 4.25.56.

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Apr. 27, 1956
**24c. NAME OF CEMETERY OR CREMATORY**: New St. Marcus Cem.
**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

**DATE REC'D BY LOCAL REG.**: APR 26 1956
**REGISTRAR'S SIGNATURE**: J. Earl Smith M.D. S.P.
**25. FUNERAL DIRECTOR'S SIGNATURE**: Witt Bros. L. & U. Co.
**ADDRESS**: 2929 S. [illegible]

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 45

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.