FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17382

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4244

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, Mo.
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 2010 Destrehan St. 2269

3. NAME OF DECEASED (Type or Print): a. (First) Henry b. (Middle) Herman c. (Last) Haveland

4. DATE OF DEATH (Month) (Day) (Year): April 28, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 16, 1894
9. AGE (In years last birthday): 61 — 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): Pressmen
10b. KIND OF BUSINESS OR INDUSTRY: Printing.
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Bernard Haveland
13b. MOTHER'S MAIDEN NAME: Margaret Goehler
14. NAME OF HUSBAND OR WIFE: Etta (Stadelman) Haveland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): WW I — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-10-8438
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Etta Haveland, 2010 Destrehan St. 7

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis (primary site unknown) — INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

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 [ ] NO [X]

199.9

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* Apr. 17, 19 56, *to* Apr. 28, 19 56, *that I last saw the deceased alive on* Apr. 28, 19 56, *and that death occurred at* 2:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE C. D. Vermillion, M.D. **(Degree or title)** M. D.
23b. ADDRESS BARNES HOSPITAL
23c. DATE SIGNED 4/28/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Motor
24b. DATE: May 1, 1956
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
24d. LOCATION (City, town, or county) (State): Belleville, Illinois.

DATE REC'D BY LOCAL REG.: APR 30 1956
REGISTRAR'S SIGNATURE: J. Carl Smith M.D. m.d.B
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: CALVIN F. FEUTZ Funeral Home, Inc. — 4828 Nat'l. Bridge St. Louis 15, Mo

(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 emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John A. Mlina

Licensed Embalmer No. 41.8

P. O. Address St. Louis

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