

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1956

State File No. **21855**  
Registrar's No. **5665**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>21855</b>		Registrar's No. <b>5665</b>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>Hermann</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5000 So. Broadway</b>				e. STREET ADDRESS (If rural, give location) _____									
3. NAME OF DECEASED (Type or Print) a. (First) <b>Flora</b>			b. (Middle) _____			c. (Last) <b>Haffner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 13, 1956</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Sept. 5, 1876</b>		9. AGE (in years last birthday) <b>79</b>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 18 Hrs. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City, and State or Foreign Country) <b>Hermann, Mo.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>L.K. Baer</b>				13b. MOTHER'S MAIDEN NAME <b>Sophie Witthaus</b>				14. NAME OF HUSBAND OR WIFE <b>Ernest Haffner</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Records of Geitner Home, 5000 So. Broadway</b> ADDRESS _____								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of L. breast</b>								INTERVAL BETWEEN ONSET AND DEATH <b>about 2 yrs.</b>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES								DUE TO (b) _____			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.											
		DUE TO (c) _____								DUE TO (d) _____			
		II. OTHER SIGNIFICANT CONDITIONS <b>Cerebral hemorrhage (h)</b>											
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>170X</b>									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		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>April 23, 1956</b> , to <b>June 13, 1956</b> , that I last saw the deceased alive on <b>6/12, 1956</b> , and that death occurred at <b>6:45 AM.</b> , from the causes and on the date stated above.													
23a. SIGNATURE <b>P.G. Mockop, M.D.</b> (Degree or title) _____				23b. ADDRESS <b>3554 VICTOR ST. ST. L. MO</b>				23c. DATE SIGNED <b>6/13/56</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>6-14-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>							
DATE REC'D BY LOCAL REG. <b>JUN 14 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, Mo</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Hugo Blumer, Hermann, Mo.</b>			ADDRESS _____					

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.....  
Signature of Student Embalmer

Signed..... *G. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *M. Lou*

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.