FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3761

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 236

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jerome Hotel — Length of stay in 1b 5 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph 0113 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) Jerome Hotel — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First M. Middle Walter Last Habert

4. DATE OF DEATH Month March Day 3, Year 1957.

5. SEX Male
6. COLOR OR RACE White 0
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐ 2
8. DATE OF BIRTH March 31, 1890
9. AGE (In years last birthday) 66 — 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) Ret. Printer
10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Mo. Nordman Prington Co.
11. BIRTHPLACE (City and state or country) St. Joseph, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles F. Habert
14. MOTHER'S MAIDEN NAME Matilda M. Schrenk
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-03-0682A
17. INFORMANT Mrs. O. C. Washburn Address St. Joseph, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Died in Conflagration — at once
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Jerome Hotel, destroyed by fire
DUE TO (c) 9166
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 40
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Trapped in burning hotel 2
20c. TIME OF INJURY Hour 3? a. m. p. m. Month, Day, Year Mar 3 57
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Jerome Hotel
20f. CITY, TOWN, OR LOCATION St Joseph COUNTY Buchanan 031 STATE MO

21. I ~~attended~~ viewed the deceased from remains to 3/4/57 and last saw her him alive on
Death occurred at about 3:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE S. E. Melleney MD (Degree or title) Coroner
22b. ADDRESS 214 Kirkpatrick St Joseph MO
22c. DATE SIGNED Mar 3-5-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Mar. 6, 1957
23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery
23d. LOCATION (City, town, or county) St. Joseph, (State) Missouri

24. FUNERAL DIRECTOR ADDRESS Meierhoffer-Fleeman, Inc., St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. Mar. 7, 1957
26. REGISTRAR'S SIGNATURE Earnest M. Allison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

MAR 12 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Albert E. Harring

Licensed Embalmer No. 3258

P. O. Address St. Joseph,

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