

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6245

FILED FEB 25 1957

State File No.

1170

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 6 days		c. CITY OR TOWN Marine		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Deslage Hospital				STREET ADDRESS (If rural, give location) 32 In Town but no Street Address				
3. NAME OF DECEASED (Type or Print) MARION			a. (First)		b. (Middle)		c. (Last) HAEGELE	
4. DATE OF DEATH Feb. 4, 1957				Date (Month) (Day) (Year)				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 31, 1931		
9. AGE (in years last birthday) 25		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Housework			10b. KIND OF BUSINESS OR INDUSTRY. Home maker			11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Reinold Habel		13b. MOTHER'S MAIDEN NAME Rose Pollard		14. NAME OF HUSBAND OR WIFE Paul V. Haegele	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 492-32-6739		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul V. Haegele 3938 Bowen				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcoma of Mediastinum					INTERVAL BETWEEN ONSET AND DEATH 3 months	
*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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 164x						
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) _____		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 Dec , 1956, to Feb 4 , 1957, that I last saw the deceased alive on Feb 4 , 1957, and that death occurred at 8:30 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE Martin W. Davis, MD (Degree or title)				23b. ADDRESS 539 N. Grand		23c. DATE SIGNED 2/5/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 7, 1957		24c. NAME OF CEMETERY OR CREMATORY St. Ann's Cemetery		24d. LOCATION (City, town, or county) (State) Normandy Mo.		
DATE REC'D BY LOCAL REG. FEB 5 '57		REGISTRAR'S SIGNATURE J. Carl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kelly 7267 Natural Bridge			

(Licensed Embalmer's Statement on Reverse Side)

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 *James A. Lemme*.....

Licensed Embalmer No. *419*

P. O. Address *St Louis*

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.