

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 26 1957

State File No. **14750**
Registrar's No. **3347**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
a. STATE **Illinois** b. COUNTY **St. Clair**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place) **1 day**

c. CITY OR TOWN _____
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **39 Cardinal Glennon Memorial Hosp.**

e. STREET ADDRESS (If rural, give location) **32 R.R. #1 Belleville 81208**

3. NAME OF DECEASED (Type or Print)
a. (First) **Glenn Arthur Edwin Haag** b. (Middle) _____ c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year)
Apr 7, 1957

5. SEX **Male** 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) **Never Married**

8. DATE OF BIRTH **Apr 2 1957**

9. AGE (In years last birthday) **5** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None**

10b. KIND OF BUSINESS OR INDUSTRY **None**

11. BIRTHPLACE (City and State or Foreign Country) **Illinois**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **George A.E. Haag**

13b. MOTHER'S MAIDEN NAME **Clara Brodtkorb**

14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
George A.E. Haag - Belleville 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Massive bilateral adrenal hemorrhage**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Etiology? Sepsis**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
771.0

INTERVAL BETWEEN ONSET AND DEATH
?

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

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) _____

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 **April 6, 1957**, to **April 7, 1957**, that I last saw the deceased alive on **April 7, 1957**, and that death occurred at **5:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Rayne S. Krueger M.D.**

23b. ADDRESS **Cardinal Glennon Hospital**

23c. DATE SIGNED **April 8, 1957**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **Apr 8 1957**

24c. NAME OF CEMETERY OR CREMATORY **Walnut Hill**

24d. LOCATION (City, town, or county) (State) **Belleville Illinois**

DATE REC'D BY LOCAL REG. **APR 8 '57**

REGISTRAR'S SIGNATURE **J. Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Geo Renner Belleville Ill**

(Licensed Embalmer's Statement on Reverse Side) **George Renner**

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 not Embalmed Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Geo Penner _____
Licensed Embalmer No. 2314
P. O. Address Belleville

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.