

FILED NOV 21 1957

STANDARD CERTIFICATE OF DEATH

42064
STATE FILE NUMBER
10856

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

S. 300
v. 136
063

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 Erik Haukkin		d. STREET ADDRESS (If outside, give location) 2116 Erik Haukkin	
3. NAME OF DECEASED (Type or print) First Middle Last Atrak Havell		4. DATE OF DEATH Month Day Year 10 8 57	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH =
9a. USUAL OCCUPATION (Give kind of work done during most of working life, seen if retired) electrician		9b. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, seen if retired) electrician		10b. KIND OF BUSINESS OR INDUSTRY electric	
11. BIRTHPLACE (City and state or country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME WLK		14. MOTHER'S MAIDEN NAME WLK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) U.S.A. WLK		16. SOCIAL SECURITY NO. U.S.A.	
17. INFORMANT T. E. Taylor		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) CORONARY ARTERY DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
19a. ACCIDENT <input type="checkbox"/>	19b. SUICIDE <input type="checkbox"/>	19c. HOMICIDE <input type="checkbox"/>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 161x			
20b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 16 Oct to and last saw her alive on Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James M. Reay Deputy Coroner		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 10-31-57			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11-30-57	23c. NAME OF CEMETERY OR CREMATORY Anatomical Board	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Rowland-Aker Mortuary Service 4104 Manchester Ave. St. Louis 10, Mo.		25. DATE RECD. BY LOCAL REG. NOV 14 '57	26. REGISTRAR'S SIGNATURE Carl Smith MO

Securing the nearest certifier in the specific manner required by 193.140 MoRS 1949.

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**