

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027809
STATE FILE NUMBER

FILED JUL 24 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1821

1. PLACE OF DEATH a. COUNTY St. Louis		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 UNINCORPORATED		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Halls Ferry Nursing		Length of stay in lb 2 days	d. STREET ADDRESS (If outside, give location) 5043 Emerson Ave.
3. NAME OF DECEASED (Type or print) First OTTO Middle H. Last HAECKEL		4. DATE OF DEATH Month July Day 9 Year 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 27, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traffic Mgr		10b. KIND OF BUSINESS OR INDUSTRY Schluetter Mfg.	9. AGE (In years last birthday) 76
13a. FATHER'S NAME Christian Haeckel		13b. MOTHER'S MAIDEN NAME Anna Meister	11. BIRTHPLACE (City and state or country) St. Louis Mo.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. UNK.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
14. NAME OF HUSBAND OR WIFE Louise M. Haeckel		17. INFORMANT Louise Haeckel 5043 Emerson Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral arteriosclerosis DUE TO (c) 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Nephrosclerosis			INTERVAL BETWEEN ONSET AND DEATH 1 day 20 yrs.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. _____ p.m. _____		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 30 Jun to 6 Jul. and last saw her alive on 6 Jul '58 Death occurred at 9 Jul A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Leonard J. Ropp M.D.		22b. ADDRESS 6917 W. Florissant	22c. DATE SIGNED 9 Jul 58.
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7/12/58	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24. FUNERAL DIRECTOR Buchholz Mortuary 5967 W. Florissant		23d. LOCATION (City, town, or county) St. Louis County	23e. (State) Mo.
25. DATE RECD. BY LOCAL REG. 7-9-58		26. REGISTRAR'S SIGNATURE Herbert R. Orsbeck M.D.	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *R. J. Law Jr.*

Licensed Embalmer No. *4800*

P. O. Address *Wilkesbarre, Pa.*

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.