

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045739

State File No. ....

FILED JAN 12 1959

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12747

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>12 da</u>	c. CITY OR TOWN <u>Pacific</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Deaconess Hospital 31</u>			e. STREET ADDRESS <u>0360</u> (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) <u>Emma</u>		a. (First)	b. (Middle) <u>v</u>	c. (Last) <u>Haag</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 31 1958</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH <u>Jan 8 - 1876</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>v</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Melrose Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Fredrick Drieten</u>		13b. MOTHER'S MAIDEN NAME <u>Amalia Rahm</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Haag</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Geo. Roemer Pacific mo</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pancreas</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>157X</u>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)	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 <u>1 Dec, 1958</u> , to <u>31 Dec, 1958</u> , that I last saw the deceased alive on <u>30 Dec, 1958</u> , and that death occurred at <u>11 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>MD</u>	23b. ADDRESS <u>100 No. Euclid</u>		23c. DATE SIGNED <u>2 Jan 59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Jan. 3, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pacific Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pacific mo</u>		
DATE REC'D BY LOCAL REG. <u>JAN 2 '59</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. John L. Thibbes Pacific mo.</u>		

(H.T.) (Licensed Embalmer's Statement of 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..... *Ralph Altman* .....

Licensed Embalmer No. *4808*.....

P. O. Address *Union, Mo.*.....

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.