

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 7 1969

-60-008290

STATE FILE NUMBER

2 1969

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY ST. LOUIS MO		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO		b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b 48 da		c. CITY OR TOWN BARNHART MO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) BARNHART G.D.	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					

3. NAME OF DECEASED (Type or print) First Middle Last PHILLIP HAEFNER			4. DATE OF DEATH Month Day Year FEB. 18 1969		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-17-1914	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (City and state or country) IMPERIAL MO	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME PHILIP HAEFNER		13b. MOTHER'S MAIDEN NAME LOUISA M. MUELLER	
14. NAME OF HUSBAND OR WIFE FLORA HAEFNER (DEC)		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. None	
17. INFORMANT Address Lillian Mangelsdorf Same					

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH 48 hrs
DUE TO (b) Arteriosclerotic Heart Disease			
DUE TO (c) 420.0			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) My hypertrophy of Prostate Gland			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 s.m. p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION ANTONIA MO	COUNTY JEFFERSON	STATE MO
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21. I attended the deceased from **January 2/46 Feb 18 1960** and last saw ^{her}him alive on **2/18/1960**
Death occurred at **7:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank G. Spryale M.D.		22b. ADDRESS 6500 Cheppura		22c. DATE SIGNED 2/19/60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE FEB 19 1960	23c. NAME OF CEMETERY OR CREMATORY BURGESS CEMETERY	23d. LOCATION (City, town, or county) ANTONIA MO	
24. FUNERAL DIRECTOR HEILIGTAG IMPERIAL MO		25. DATE RECD. BY LOCAL REG. FEB 19 1960		26. REGISTRAR'S SIGNATURE Loan Smith M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

S.P.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Almer Halitag

Licensed Embalmer No. 3571

P. O. Address Imperia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.