URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-024568

FILED VS. JUL 12 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6336 STATE FILE NUMBER

NDED

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. — Length of stay in 1b	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 6320 Tennessee — Inside Limits Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) 6320 Tennessee — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Carl	Middle: G.	Last: Haunschild	4. DATE OF DEATH Month Day Year: June 20, 1960
5. SEX: male	6. COLOR OR RACE: white	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: Feb. 3, 1915 — 9. AGE (last birthday): 45 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grain Broker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Frank Haunschild	13b. MOTHER'S MAIDEN NAME: Louise Dreifke	14. NAME OF HUSBAND OR WIFE: Lillian Haunschild	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War II	16. SOCIAL SECURITY NO.: 489-09-3872	17. INFORMANT: Lillian Haunschild	Address: 6320 Tennessee

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Central Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 Hours.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension — 2½ yrs

DUE TO (c) 331+

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) —

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

ok. Patrick E. Taylor Carmen 6/23/60

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ — 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 3-19-1948, to 6-20-60 and last saw him alive on 1-19-1960

Death occurred at 230 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Louis F. Arthur M.D.	22b. ADDRESS: 3720 Washington St. Louis Mo.	22c. DATE SIGNED: 6-21-60	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 6-23-60	23c. NAME OF CEMETERY OR CREMATORY: Calvary Cem/	23d. LOCATION (City, town, or county) (State): St. Louis, Mo.
24. FUNERAL DIRECTOR ADDRESS: Southern Funeral Home 6322 S. Grand, St. Louis, Mo.	25. DATE RECD. BY LOCAL REG.: JUN 21 1960	26. REGISTRAR'S SIGNATURE: Karl Smith, M.D. MJB	

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

Dr Aitken
3720 Washington
Le 3-6113
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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 _____

Licensed Embalmer No. 4242

P. O. Address St Louis Sta

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