

FEDERAL BUREAU OF INVESTIGATION  
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025282

FILED VS JUL 11 1960

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1919

STATE FILE NUMBER

INDEXED

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> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RICHMOND HEIGHTS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>1517 CUTTER AVE</u>	

3. NAME OF DECEASED (Type or print) First <u>IRVIN</u> Middle <u>H.</u> Last <u>HAFFNER</u>			4. DATE OF DEATH Month <u>6</u> Day <u>22</u> Year <u>1960</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-22-1903</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture</u>		11. BIRTHPLACE (City and state or country) <u>Austria</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Isaac Haffner</u>		13b. MOTHER'S MAIDEN NAME <u>Leah Bernstein</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>			
16. SOCIAL SECURITY NO. <u>189-12-4700</u>		17. INFORMANT Address <u>Dr. Alvin Goldfarb 23 Bon Hills</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intracranial Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Brain Tumor (Glioblastoma Multiforme)</u>		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>		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 type="checkbox"/> <u>suicide</u>	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. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St. James, Missouri</u>	20f. CITY, TOWN, OR LOCATION <u>St. James, Missouri</u>	COUNTY _____ STATE _____
21. I attended the deceased from <u>June 7, 1960</u> to <u>June 22, 1960</u> and last saw her <sup>her</sup> <sub>him</sub> <u>live</u> on <u>June 22, 1960</u> Death occurred at <u>5:45</u> <u>pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>Alvin Goldfarb, M.D.</u> (Degree or title)	22b. ADDRESS <u>10071 Euclid Ave (8)</u>	22c. DATE SIGNED <u>6/22/60</u>
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <u>BURIAL</u>	23b. DATE <u>6-24-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>
23d. LOCATION (City, town, or county) <u>University City</u>		(State) <u>Mo</u>

24. FUNERAL DIRECTOR <u>Berger Memorial 4715 McPherson</u>	25. DATE RECD. BY LOCAL REG. <u>6-24-60</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 *[Handwritten Signature]* *[Handwritten Initials]*  
Licensed Embalmer No. 3788

P. O. Address \_\_\_\_\_

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.