

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047517

FILED VS JAN 9 1961

318

1003

12411

STATE FILE NUMBER

DED

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>				Length of stay in lb <b>15 days -</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY  c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>5016 Idaho</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <b>Oscar R. Haeckel</b>				<b>4. DATE OF DEATH</b> Month Day Year <b>Dec. 22, 1960</b>									
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>		<b>8. DATE OF BIRTH</b>		<b>9. AGE (last birthday)</b>		<b>IF UNDER 1 YEAR</b>		<b>IF UNDER 24 HR</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Book Binder</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Board of Education</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>St. Louis, Mo.</b>				<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>					
<b>13a. FATHER'S NAME</b> <b>Christian Haeckel</b>				<b>13b. MOTHER'S MAIDEN NAME</b> <b>Emma Mester</b>				<b>14. NAME OF HUSBAND OR WIFE</b> <b>Eva Haeckel</b>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				<b>16. SOCIAL SECURITY NO.</b> <b>489-18-8441A</b>		<b>17. INFORMANT</b> Address <b>Eva Haeckel 5016 Idaho</b>							
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>METASTATIC SQUAMOUS CELL CARCINOMA OF LIVER</b> DUE TO (b) <b>SQUAMOUS CELL CARCINOMA OF NASO-PHARYNX</b> DUE TO (c) <b>SQUAMOUS CELL CARCINOMA, BILATERAL, NECK</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <div style="text-align: center; font-size: 24pt; font-weight: bold;">146x</div>										INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b>			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)									
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>											
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)				<b>20f. CITY, TOWN, OR LOCATION</b>				<b>COUNTY</b>		<b>STATE</b>			
<b>21. I attended the deceased from</b> <b>1957</b> <b>to</b> <b>Death</b> <b>and last saw her</b> <b>alive on</b> <b>Dec. 22, 1960</b> <b>Death occurred at</b> <b>8:05 P.</b> <b>m</b> <b>on the date stated above, and to the best of my knowledge, from the causes stated.</b>													
<b>22a. SIGNATURE</b> (Degree or title) <b>Louis J. Binsner, M.D.</b>						<b>22b. ADDRESS</b> <b>634 N. Grand St. Louis 3, Mo.</b>				<b>22c. DATE SIGNED</b> <b>12/24/60</b>			
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>23b. DATE</b> <b>Dec. 27, 1960</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>New St. Marcus</b>				<b>23d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Missouri</b>					
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Schumacher's 3013 Meramec St.</b>						<b>25. DATE RECD. BY LOCAL REG.</b> <b>DEC 27 1960</b>		<b>26. REGISTRAR'S SIGNATURE</b> <b>Loan Smith, M.D.</b>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

D.A. L. Biramer

Mr. T. H. G. G. G.

**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. 4746

P. O. Address Adieu

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.