

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029154

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2117

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14002
24000

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p>FILED JUL 31 1962</p>		<p>1. PLACE OF DEATH</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p>	
<p>a. COUNTY St. Louis</p>		<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton</p>		<p>a. STATE Mo. b. COUNTY St. Louis</p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hospital</p>		<p>Length of stay in lb D.O.A.</p>		<p>c. CITY OR TOWN Beverly Hills Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>d. STREET ADDRESS 7054 Natural Bridge</p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>d. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM LESTER HAGGENJOS</p>			<p>4. DATE OF DEATH Month Day Year July 17, 1962</p>		
<p>5. SEX Male</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 6/14/1900</p>	<p>9. AGE (last birthday) 62</p>	<p>IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sign Painter</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY Aircraft Mfg.</p>		<p>11. BIRTHPLACE (City and state or country) St. Louis, Mo.</p>	
<p>12. CITIZEN OF WHAT COUNTRY USA</p>		<p>13a. FATHER'S NAME William F. Haggenjos</p>		<p>13b. MOTHER'S MAIDEN NAME Agnes Hamlin</p>	
<p>14. NAME OF HUSBAND OR WIFE Marie Scheidig</p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.#1</p>		<p>16. SOCIAL SECURITY NO. [Redacted]</p>	
<p>17. INFORMANT Marie Haggenjos</p>		<p>Address 7054 Natural Bridge</p>			
<p>18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:</p>					<p>INTERVAL BETWEEN ONSET AND DEATH 3 yrs</p>
<p>IMMEDIATE CAUSE (a) Coronary Occlusion</p>					<p>3 yrs</p>
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Heart Disease</p>					
<p>DUE TO (c)</p>					
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>				<p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT SUICIDE HOMICIDE none</p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>		
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year none</p>		<p>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.) none</p>			
<p>20f. CITY, TOWN, OR LOCATION St. Louis</p>		<p>COUNTY St. Louis</p>		<p>STATE</p>	
<p>21. I attended the deceased from June 1960 to July 17 62 and last saw him alive on July 12 62 Death occurred at 8:00 p.m. on the date stated above, and to the best of my knowledge from the causes stated.</p>					
<p>22a. SIGNATURE (Degree or title) M. Estable</p>		<p>22b. ADDRESS 7124 Natural Bridge</p>		<p>22c. DATE SIGNED July 19 62</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Removal</p>		<p>23b. DATE 7/20/62</p>		<p>23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery</p>	
<p>23d. LOCATION (City, town, or county) St. Louis</p>		<p>24. FUNERAL DIRECTOR ADDRESS Cullen Kelly 7267 Natural Bridge</p>			
<p>25. DATE RECD. BY LOCAL REG. 7-19-62</p>		<p>26. REGISTRAR'S SIGNATURE [Signature]</p>			

USE BLACK INK OR TYPEWRITER RIBBON

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 James A. Lemmer

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.