MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026644

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2031 STATE FILE NUMBER

FILED JUL 1 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 7-12-63

INSTEAD OF Pneumonia

SHOULD READ St. Louis, Mo.

ITEM NO. 11

BY AFFIDAVIT OF Funr. director

DOCUMENT

1. PLACE OF DEATH
a. COUNTY St Louis County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Affton
Length of stay in 1b: 9 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Henninger Nurs. H. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jeff
c. CITY OR TOWN S Pevely — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) R.1 box 57A — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Rose Middle: Last: Haefner
4. DATE OF DEATH Month: June Day: 23 Year: 63
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2/2/1871
9. AGE (last birthday): 92 — 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): HW
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): St. Louis, Mo. ~~Germany~~
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Frank Yost
13b. MOTHER'S MAIDEN NAME: Margaret Eberle
14. NAME OF HUSBAND OR WIFE: Theodore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates o
16. SOCIAL SECURITY NO.
17. INFORMANT: Theodore Haefenr Address: Pevely Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause p... PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chr Cardiac Vascular Renal Dis — Chr
DUE TO (c) Hypertensive Advanced Arterio Sclerosis — Chr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

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 June 1960, to June 23 63 and last saw her alive on June 23-63
Death occurred at 2:30P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold [illegible] M.D. (Degree or title)
22b. ADDRESS 2816 Sutton Ave St Louis 43
22c. DATE SIGNED 6-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/26/63
23c. NAME OF CEMETERY OR CREMATORY: New St. Marcus
23d. LOCATION (City, town, or county) (State): St. Louis Mo

24. FUNERAL DIRECTOR: Schumacher ADDRESS: 3013 Meramec
25. DATE RECD. BY LOCAL REG.: 6-25-63
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4746

P.O. Address _____

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.