

24470

**WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD**

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. NO. <u>30530</u>		Registrar's No. <u>130</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Charles</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>319 Clark Street</u>				d. STREET ADDRESS (If rural, give location) <u>319 Clark Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>George</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Haake</u>	
4. DATE OF DEATH		Month <u>July</u>		Day <u>6</u>		Year <u>1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 23-1875</u>		9. AGE (In years last birthday) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>A.C. &amp; F. Co.</u>		11. BIRTHPLACE (State or foreign country) <u>St. Charles, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Anton Haake</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Linnebur</u>		14. NAME OF HUSBAND OR WIFE <u>Albertine (Arens) Haake</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-10-9111</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eric Haake (son) St. Charles, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Compensation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. Arterio-sclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> <u>10 yrs.</u>  <u>4500</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 28, 1949</u> to <u>July 6, 1949</u> , that I last saw the deceased alive on <u>July 6, 1949</u> and that death occurred at <u>1:05 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A.P. Erich Schuchert M.D.</u>				23b. ADDRESS <u>St. Charles, Mo.</u>		23c. DATE SIGNED <u>7/6/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 8-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Charles Borromeo</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-15-49</u>		REGISTRAR'S SIGNATURE <u>James H. H. H. H.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. C. Dallmeyer &amp; Sons Co.</u> <u>800 N. 2nd - St. Charles, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
JUL 18 1949  
District Health Officer No. 9,  
District File Number

**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 .....  
Student Embalmer

Signed Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, Mo.

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 this body is not embalmed, fact should be so stated above.