

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

8868

**1. PLACE OF DEATH**

County..... Registration District No. 1003  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 4523A Clayton Ave) St. 15 Ward

File No. ....  
 Registered No. 2339

**2. FULL NAME**

Michael Haerstel  
 (a) Residence. No. 4360 Clayton Ave, St. 15 Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 80 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Haerstel  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 29, 1844  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 4 24  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Inspector  
 (b) General nature of industry, business, or establishment in which employed (or employer) City of St. Louis Mo  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 10. NAME OF FATHER Charles Haerstel  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 12. MAIDEN NAME OF MOTHER Juskubow  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT M. J. Haerstel  
 (Address) 4360 Clayton Ave  
 15. FILED 20 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-23-1929  
 17. I HEREBY CERTIFY, That I attended deceased from 2-2-1929 to 2-23-1929  
 that I last saw living alive on 2-23-1929, and that death occurred, on the date stated above, at 120 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Haemorrhage (Apoplexy)  
8217401  
 (duration) yrs. mos. da. 24 da.  
 CONTRIBUTORY (SECONDARY) none  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) M. J. Haerstel, M. D.  
Feb 25, 1929 (Address) 7011 Chestnut av

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine Cemetery DATE OF BURIAL 2-27-1929  
 UNDER-TAKER Wiegand & Co. Co. St. Louis ADDRESS 4258

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*Dr. Franklin*  
*Manchester Bank Bldg.*