

FILED OCT 21 1942

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Infirmary 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 yrs. 7 mo.  
life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

000  
(a) State Missouri (b) County 17  
(c) City or town St. Louis 9 13  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5800 Arsenal St.  
(If rural, give location)  
(e) Citizen of foreign country? American (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Charles Haage

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex male 0 5. Color or race white  
6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 14, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 10 24 hr. min.

9. Birthplace St. Louis, Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business

MOTHER FATHER { 12. Name Theo. Haage  
13. Birthplace ? Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Barbara Wirschmidt  
15. Birthplace ? Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant C. Hannon  
(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof Oct. 10, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden Fun'l Home Inc.  
(b) Address 1936 St. Louis Ave.

19. (a) OCT 10 1942 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8  
year 1942 hour 8:00 a.m. minute M.

21. I hereby certify that I attended the deceased from 7-27-39  
to 10-8-42, 19...  
that I last saw him alive on 10-8-42, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility  
Due to  
Due to  
Other conditions Chronic A. Thrombosis  
(Include pregnancy within 3 months of death)

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings:  
Of operations  
Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)  
Means of injury  
23. Signature J. F. Bredeck (M. D. or other)  
Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Sebit J. Krupin*  
Licensed Embalmer No. *3497*  
P. O. Address *1936 St. Louis Ave*

**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.**