

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29982**

ED SEP 17 1943 **318**

Registration District No. _____ Primary Registration District No. **1000** Registrar's No. **7896**

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4257 Ellenwood Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community **28 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **4257 Ellenwood Avenue**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mr. Thomas Haber**

3. (b) If veteran, name war _____

3. (c) Social Security No. **492-10-0484**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Lillian Haber**

6. (c) Age of husband or wife if alive **25** years

7. Birth date of deceased **July 30, 1915**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

28	1	2	hr. min.
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9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Sheet Metal Mechanic**

11. Industry or business **Southern Equipment Co.**

MOTHER FATHER { 12. Name **Frank Haber**

13. Birthplace **Austria Hungary**
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Branovich**

15. Birthplace **Austria Hungary**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lillian Haber**

(b) Address **4257 Ellenwood Avenue**

17. (a) **Burial** (b) Date thereof **Sept. 3, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Beiderwieden F. H. Inc.**

(b) Address **1936 St. Louis Avenue**

19. (a) **SEP 3 1943** **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **1st**
year **1943** hour **12** minute **55 A.M.**

21. I hereby certify that I attended the deceased from **March 2, 1943** to **Aug. 22, 1943**, that I last saw him alive on **Aug. 22, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Thyroid Disease**

Duration **one year**

Due to _____

Due to _____

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **none**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) **no**

(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)

(e) Means of injury _____

23. Signature **J. F. Bredek** (M. D. of other) _____

Address **6200 Columbia** Date signed **9/2/43**

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

Dr. J. P. Hennrich
6200 Columbia
7-8

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 Theo. A. Beiderwieden

Licensed Embalmer No. 506

P. O. Address St. Louis, 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.