

FILED NOV 1 1944  
378

State File No. ....

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 8998

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

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:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 10 days  
(Specify whether

In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Anna Haffner

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased unknown  
(Month) (Day) (Year)

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

about 75 -- -- hr. min.

9. Birthplace 4 Poland  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

12. Name unknown

13. Birthplace 4 Poland  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace 4 Poland  
(City, town, or county) (State or foreign country)

16. (a) Informant Leah Coffman

(b) Address 4615 Lindell Blvd.

17. (a) Burial (b) Date thereof 10-24-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chevrah Kadisha Cem.

18. (a) Signature of funeral director Herbert R. ...

(b) Address 5216 Delmar Blvd.

19. (a) OCT 23 1944  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 099

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

(d) Street No. 5114 Lotus Ave.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22  
year 1944 hour 4:45 minute A.M.

21. I hereby certify that I attended the deceased from Oct 12 1944 to Oct 22 1944  
that I last saw her alive on Oct 21 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Emboli Duration 5 min

Due to Arteriosclerosis 5 yrs.

Due to Coronary Occlusion 10 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9H

Of autopsy.....

Duration

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).....

(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 Dr. Leven (M. D. or other)  
Address 4428 77th St. St. Louis Date signed Oct 23

**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 *W. H. Burgess*.....

Licensed Embalmer No. *4029*.....

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