S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25711

State File No. 7855

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: DePaul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Ferguson 10
(If outside city or town limits, write "RURAL")

(d) Street No. Box 1104 Crether Ave. NR
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Rupert Hafner

3. (b) If veteran, name war

3. (c) Social Security No. 489-14-6141

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Bertha A. Hafner

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

7. Birth date of deceased March (Month) 25 (Day) 1883 (Year)

8. AGE: Years 62 Months 5 Days 12 If less than one day hr. min.

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

10. Usual occupation Ornamental Iron Worker

11. Industry or business Goth Electrical Co.

FATHER
12. Name Maxmilian Hafner
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Bertha A Hafner
(b) Address Box 1104 Crether Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/45. (Month) (Day) (Year)
(c) Place: burial or cremation St. Ferdinand Cemetery

18. (a) Signature of funeral director White Funeral Home
(b) Address Ferguson, Missouri

19. (a) SEP 7 1945 (Date received local registrar) (b) J. Medel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1945 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 30. 1945, 19, to Sept 5, 1945; that I last saw him alive on Sept. 5, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Spontaneous hemorrhage into pharynx	Few hrs.
Due to Cancer of Pharynx	8 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations no operation	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Willard Barthel (M. D. or other)
Address DePaul Hospital Date signed 9-5-45

(Licensed Embalmer's Statement on Reverse Side)

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. L. M. White

Licensed Embalmer No. 3973

P. O. Address. Skowhegan, Me

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.