

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town JENNINGS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7017 IDLEWILD PL JENNINGS MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County St Louis
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 7017 IDLEWILD PLACE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY A. HAFNER
3. (b) If veteran, name war NO
3. (c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 30
year 1946 hour 11 minute 58 p.m.
21. I hereby certify that I attended the deceased from 10 APRIL 46
_____, 19____, to MAY 30, 19____;
that I last saw him alive on 30 May, 19____,
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FRANK F. HAFNER
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 15 1881
(Month) (Day) (Year)

Immediate cause of death Coronary Embolus
61
Due to myocardial insufficiency and hypertensive cardiac disease 9 Months
Due to cardiac sclerosis 9 Months

8. AGE: Years Months Days If less than one day
64 | 11 | 15 | _____ hr. _____ min.

Other conditions Diabetes mellitus 6 years
(Include pregnancy within 3 months of death)

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

Major findings:
Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation HOUSE KEEPER

11. Industry or business _____
12. Name George Hardesty
13. Birthplace Mo. U
(City, town, or county) (State or foreign country)
14. Maiden name SARAH UNKNOWN
(City, town, or county) (State or foreign country)
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Frank F. Hafner
(b) Address 7017 Idlewild Place
17. (a) BURIAL (b) Date thereof JUNE 3-46
(Burial, cremation, or removed) (Month) (Day) (Year)
(c) Place: burial or cremation Bethania Cemetery

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence none
(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? no (Specify type of place) (e) Means of injury none

18. (a) Signature of funeral director E. J. Schuur
(b) Address 3125 Lafayette Ave
19. (a) 6-3-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature Henry E Rosenberg (M.D. or other)
Address 76 Lake Forest (171) Date signed 31 May

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

JUL 27 1953

JUL 18 1953

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

Joe B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address *St Louis 4 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.