

U. S. No. 2  
DM-5-43  
v. 5-17-39  
X3667

21815

State File No. ....  
Registrar's No. ....

1003

FILED JUL 12 1946  
318

Registration District No. .... Primary Registration-District 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:  
**1713 N. Jefferson avenue /**  
(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.....  
 (c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... **1713 N. Jefferson ave**  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME..... **Arthur E. Haubrich**

3. (b) If veteran, name war..... **no**..... 3. (c) Social Security No..... **none**

4. Sex..... **male**..... 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..... **September 39 1890**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **June**..... day..... **29**  
 year..... **1946**..... hour..... **9**..... minute..... **30**..... a..... **M.**

21. I hereby certify that I attended the deceased from..... **May 16/46**  
 ....., 19..... **July 29**..... 19..... **46**  
 that I last saw him..... alive on..... **July 29**..... 19..... **46**  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>55</b>	<b>8</b>	<b>29</b>	..... hr. .... min.

Immediate cause of death.....  
**Bright's Disease 3mo**

Due to.....

9. Birthplace..... **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Laborer**

11. Industry or business..... **unemployed**

MOTHER, FATHER { 12. Name..... **William Haubrich**

{ 13. Birthplace..... **Louisville Ky**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name..... **Mary Myers**

{ 15. Birthplace..... **St. Louis Mo**  
(City, town, or county) (State or foreign country)

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy.....

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

16. (a) Informant..... **Margaret Haubrich**  
 (b) Address..... **1713 N. Jefferson ave**

17. (a) Burial, or (b) Date thereof..... **July 2 46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Memorial Park**

18. (a) Signature of funeral director..... **G. F. Brodeur**  
 (b) Address..... **2707 N. Grand Bly'd**

19. (a) JUL 1 1946 (b) G. F. Brodeur  
(Date received local registrar) (Registrar's signature)

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

23. Signature..... **G. F. Brodeur**..... (M. D. or other)  
 Address..... **1875 Madison**..... Date signed.....

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

EV

B OE P.

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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

*Stanley A. Dixon*

Licensed Embalmer No.

*4193*

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.**