S. No. 2
M—1/47
-5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

35786

State File No. 9415

FILED OCT 14 1947 Dist 10 78226

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital #1
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2843 Victor St. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EDWARD HAACKE

3. (b) If veteran, name war no

3. (c) Social Security No. 488-03-1226

4. Sex MALE

5. Color or race W

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

6. (b) Name of husband or wife Anna Mueller

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April 17th 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	5	22	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Agent

11. Industry or business Stevens Real Estate Co.

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

MOTHER
14. Maiden name Lena Schreiber
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Haacke-wife
(b) Address 2843 Victor St.

17. (a) burial (b) Date thereof 10-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Lutheran Cem.

18. (a) Signature of funeral director Beiderwieden F. Home, Inc.
(b) Address 1936 St. Louis Ave.

19. (a) OCT 11 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9th
year 1947 hour 5:40 minute A M.

21. I hereby certify that I attended the deceased from 10-6-47
, 19, to 10-8-47, 19;
that I last saw him alive on 10-9-47, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia, Bronchial, Bilateral	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN

Underline the cause of 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 0

23. Signature J. O. Lotts (M. D. or other)

Address 1515 Lafayette Date signed 10-10-47

Jefferson City Printing Co.

(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 Glen W. Hatz

Licensed Embalmer No. 3737

P. O. Address 1936 St Louis Ave

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.