

FILED FEB 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2326

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 305B Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bridgeton, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>#23 Lindbergh</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>F.</u> c. (Last) <u>Haselhorst</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 19 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 10, 1892</u>
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumberman</u>	11. BIRTHPLACE (State or foreign country) <u>Bunston, Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumberman</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Charles G. Haselhorst</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Herman</u>	14. NAME OF HUSBAND OR WIFE <u>Eleanor Haselhorst</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-10-4270</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eleanor Haselhorst</u> ADDRESS <u>#23 Lindbergh</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure - decompensated</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Heart disease</u> DUE TO (c) <u>H/I</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>10 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. ACCIDENT SUICIDE HOMICIDE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>416</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>January, 1947</u> , to <u>Jan 19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan 19, 1949</u> , and that death occurred at <u>11:05 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul B. Vatterott MD</u>		23b. ADDRESS <u>10300 St Charles Rd St Louis</u>	
23a. SIGNATURE		23c. DATE SIGNED <u>1/19/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/21/49</u>	
24a. BURIAL, CREMATION, REMOVAL		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24a. BURIAL, CREMATION, REMOVAL		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-26-49</u>		REGISTRAR'S SIGNATURE <u>Franis Haucclear</u>	
DATE REC'D BY LOCAL REG.		25. FUNERAL DIRECTOR'S SIGNATURE <u>Colliers Funeral Home</u> ADDRESS <u>St. Charles</u>	

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

RECEIVED
DI. 10000 AND CROOK No. 9,
JAN 31 1949

FEB 5 1949

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Sheldon Collier*

Licensed Embalmer No. *3382*

P. O. Address *10123 St. Charles*

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.