

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10110
State File No. _____
Registrar's No. 2357

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Johns Hosp. U</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>4322 W. Pine St. D</u>			
3. NAME OF DECEASED a. (First) <u>Margaret</u> b. (Middle) <u>HaberKorn</u> c. (Last) _____ (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <u>March 14 1949</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Jan. 16 1883</u>	9. AGE (In years, last birthday) <u>66</u> (If under 1 year) Months _____ Days _____ (If under 24 hrs.) Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work (excluding most of working life, even if retired)) <u>Office cleanser</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Amer. life</u>		11. BIRTHPLACE (State or foreign country) <u>Austria</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. G.</u>
13a. FATHER'S NAME <u>Anton Bohn</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Walter</u>		14. NAME OF HUSBAND OR WIFE <u>Gabriel HaberKorn</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>499-28-5272</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Rosengren 4322 W. Pine</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Operation Cholecystectomy</u> DUE TO (c) <u>Paralytic ileus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>6 days</u> <u>6 days</u>
19a. DATE OF OPERATION <u>3-8-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gall stones & adhesions</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>3-1-49</u> ¹⁹⁴⁹ to <u>3-14</u> ¹⁹⁴⁹ , that I last saw the deceased alive on <u>3-14</u> ¹⁹⁴⁹ , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>A. J. Kuehndorck M.D.</u>			23b. ADDRESS <u>4390 W. Pine St.</u>		23c. DATE SIGNED <u>3-14-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-16-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Marcus Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Witt Bros. & Co. 2929 S. Jefferson</u>			
DATE REC'D BY LOCAL REG. <u>MAR 15 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Sauter</u>			

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.

Signed



Signed.....

Student Embalmer

Licensed Embalmer No.

3741

P. O. Address

222 9th Jefferson

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.