

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14161
Registrar's No. 3192

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

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|-------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2159</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>15 5521 Grace Ave.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul N.</u> b. (Middle) <u>Haffner</u> c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 5, 1951</u> |
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| 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>Sept. 13, 1901</u> | 9. AGE (In years last birthday) <u>49</u> # UNDER 1 YEAR Months Days # UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrical Stockman</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------|------------------------------|

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| 13a. FATHER'S NAME <u>Edward J. Haffner</u> | 13b. MOTHER'S MAIDEN NAME <u>Eunice Graf</u> | 14. NAME OF HUSBAND OR WIFE <u>Genevieve Haffner</u> |
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| 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>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Genevieve Haffner</u> | ADDRESS <u>5521 Grace</u> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES <u>Cerebral Apoplexy</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>33 ft X</u> |
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22. I hereby certify that I attended the deceased from 19 50, 1951, that I last saw the deceased alive on 11 55, 1951, and that death occurred at 11 55 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Joseph B. Deputy</u> | (Degree or title) <u>Deputy</u> | 23b. ADDRESS <u>1300 Clark</u> | 23c. DATE SIGNED <u>4/5/51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Apr. 7-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
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|-----------------------------------------------|----------------------------------------------|------------------------------------------------------------------|---------------------------------|
| DATE REC'D BY LOCAL REG. <u>APR 5 1951</u> | REGISTRAR'S SIGNATURE <u>J. B. Koster</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u> | ADDRESS <u>6322 S. Grand</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No. 1-4-2

P. O. Address 6322 1/2 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.