

MAY 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14323

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3809**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY: (If outside corporate limits, write RURAL and give township) OR TOWN University City 4376	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) 7467 Kingsbury Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) ERNEST	b. (Middle) F.	c. (Last) HABERKERN Sr.	4. DATE OF DEATH (Month) (Day) (Year) Apr. 22 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 20, 1911	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Production Mgr. - Columbia Quarry Co.	10b. KIND OF BUSINESS OR INDUSTRY Columbia Quarry Co.	11. BIRTHPLACE (State or foreign country) Springfield, Ohio	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ernest Haberkern	13b. MOTHER'S MAIDEN NAME Catherine Link	14. NAME OF HUSBAND OR WIFE Patricia Haberkern
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Patricia Haberkern	ADDRESS 7467 Kingsbury
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured aorta		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Septic perforation of thoracic aorta DUE TO (c) Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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? 451X
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22. I hereby certify that I attended the deceased from **4/11, 1952**, to **4/22, 1952**, that I last saw the deceased alive on **4/22, 1952**, and that death occurred at **4:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE S. Pranger	(Degree or title) M.D.	23b. ADDRESS 4952 Maryland	23c. DATE SIGNED 4/22/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Burial)	24b. DATE Apr. 23, 1952	24c. NAME OF CEMETERY OR CREMATORY Springfield, Ohio	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. APR 22 1952	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway Bl.
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 Kensington

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.