

No. 300
10. 48.

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42424**
Registrar's No. **10552**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Columbia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Employees Hosp.</u>					
e. STREET ADDRESS <u>115 N. Meigs</u>				f. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

3. NAME OF DECEASED (Type or Print) <u>ELIZABETH</u>		a. (First)		b. (Middle)		c. (Last) <u>HABERLAH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18, 1954</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>		8. DATE OF BIRTH <u>Aug. 10, 1865</u>		9. AGE (In years last birthday) <u>89</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>ownhome</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Columbia, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Philip Eckert</u>		13b. MOTHER'S MAIDEN NAME <u>Julie Bergmann</u>		14. NAME OF HUSBAND OR WIFE <u>William Haberlah</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Haberlah</u> ADDRESS <u>Columbia, Ill.</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>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 Days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u>				<u>Chronic</u>	
		DUE TO (c) <u>Generalized Arterio-Sclerosis</u>				<u>Chronic</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>443X</u>			
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?			

22. I hereby certify that I attended the deceased from Nov-6, 1954, to Nov-18, 1954, that I last saw the deceased alive on Nov 18, 1954, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph A. Lembeck M.D.</u> (Degree or title)		23b. ADDRESS <u>607 N. Grand - St. Louis 3</u>		23c. DATE SIGNED <u>11-19-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/19/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Paul</u>	
24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri, Ill.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Josephine Schmidt</u> ADDRESS <u>Columbia</u>			
DATE REC'D BY LOCAL REG. <u>NOV 19 1954</u>		REGISTRAR'S SIGNATURE <u>Charles Smith M.D.</u>			

(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 me, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Josephine Schmidt
Licensed Embalmer No. 7075

P. O. Address Columbus Ill.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.