

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED APR 12 1958

State File No. **11854**

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **590** Registrar's No. **870**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park		c. LENGTH OF STAY at this place 2 1/2 Yrs.	c. CITY OR TOWN Valley Park
d. FULL NAME OF HOSPITAL OR INSTITUTION Moll Nursing Home		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 232 Benton	

3. NAME OF DECEASED (Type or Print)	a. (First) CECELIA	b. (Middle) HAFFERKAMP	c. (Last) NESLAGE	4. DATE OF DEATH (Month) (Day) (Year) 3-29-1956
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-12-1861	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months Days	IF 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) housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Hafferkamp	13b. MOTHER'S MAIDEN NAME Catherine Cronin	14. NAME OF HUSBAND OR WIFE Herman F Hafferkamp
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME A.H. Neslage	ADDRESS 1135 Brownell
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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 3 yrs.
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Hypertension		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4222 (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?
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22. I hereby certify that I attended the deceased from **3-1**, 19**56**, to **3-29**, 19**56**, that I last saw the deceased alive on **3-29**, 19**56**, and that death occurred at **5:11 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE A.H. Neslage	(Degree or title) _____	23b. ADDRESS 9949 Manchester Rd, Kirkwood, LL, Mo	23c. DATE SIGNED 3-30-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-31-1956	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. 3-30-56	REGISTRAR'S SIGNATURE Hubert R. Dombrowski	25. FUNERAL DIRECTOR'S SIGNATURE Parker Aldrich	ADDRESS 10161 Greenway Mo
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(Licenses/Embalmer's Statement on Reverse Side)

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

9929 Manchester Rd
Dr J. H. Barnett

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.....
Signature of Student Embalmer

Signed *Neville B. Frohewitter*

Licensed Embalmer No. *36*

P. O. Address *1541 Locust*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.