

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023347
STATE FILE NUMBER

FILED JUN 16 1958

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

5521

S. 300
1-57

A

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clayton 44420		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bernard Nursing Home		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 116 No. Central		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HENRY FRANK HAFNER SR.			4. DATE OF DEATH Month Day Year May 24, 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 15, 1870	9. AGE (In years last birthday) 87	10. FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Pres. Hafner		10b. KIND OF BUSINESS OR INDUSTRY Co. and Son Lumber	11. BIRTHPLACE (City and state or country) Davenport, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph Hafner		13b. MOTHER'S MAIDEN NAME Julia Bruenning		14. NAME OF HUSBAND OR WIFE Kate Pollard Hafner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Clayton Mo. Henry F. Hafner Jr. 132 N. Central		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial pneumonia</u> DUE TO (b) <u>Sarcoid</u> DUE TO (c) <u>491xH</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Epidermoid carcinoma base of tongue & wall of pharynx</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>2 years</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>4-13-57</u> to <u>5-24-58</u> and last saw ^{her} <u>him</u> alive on <u>5-20-58</u> Death occurred at <u>5-24-58 11:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>John S. Sheehan</u> (Degree or title) O M.D.			22b. ADDRESS 35 North Central		22c. DATE SIGNED 5-26-58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 5/27/1958	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County Missouri.
24. FUNERAL DIRECTOR C.R. Lupton and Sons 7233 Delmar			25. DATE RECD. BY LOCAL REG. MAY 27 '58		26. REGISTRAR'S SIGNATURE <u>Carl Smith MO</u> m80

179. 6-0683
- Best of the name -
Clyde S. 100 N.Y.

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 *Clarence H. Murr*

Licensed Embalmer No. *4011*
P. O. Address *St. Louis, Mo.*

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.