

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39778

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 11203

City St. Louis (No. City 10617)

File No. 11770

Registered No. 11770

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 4343 Duquesne, 15 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 31 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
35 | 8 | 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis

(STATE OR COUNTRY)

10. NAME OF FATHER August Haas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Kaufman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany

(STATE OR COUNTRY)

14.

INFORMANT (Address) City 10617

15. DEC 13 1925

FILED

19

Max C. Starkeoff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 13 1926

17. I HEREBY CERTIFY That I attended deceased from Dec 10 1926 to Dec 13 1926 that I last saw him alive on Dec 13 1926 and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ch. Myocarditis
93C
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

12/13/26 (Signed) R. Smith M. D.

13. 15th (Address) City 10617

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Peter - Paul's

Dec. 15 1926

20. UNDERTAKER

ADDRESS

Wacht. Holders

2331 No. 1st

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Maas