MAR 28 192

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

Do not use this space.

2506

1. PLACE OF DEATH
County St. Louis
Township CARONDELET
City
Registration District No. 1123
Primary Registration District No. 6248 G
(No. 4666 Oldenburg Avenue St. Ward)
File No.
Registered No. 22

2. FULL NAME John Haas.
(a) Residence. No. 4666 Oldenburg Avenue Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 27. 1877.

7. AGE: Years 49; Months --; Days 21; If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Core-maker. 2.50 30
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer St. Louis Steel Casting Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Vincent Haas.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Frances Marchelinski
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Leonard Haas (Address) 4666 Oldenburg Ave.

15. FILED Jan. 20, 1927 L. C. Obrock REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH 1/18

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 18 1927

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to Jan 18, 1927 that I last saw h... alive on Jan 11, 1927, and that death occurred, on the date stated above, at 5 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 5.49
Tuberculosis of Kidneys
(duration) 2 yrs. — mos. — ds.
CONTRIBUTORY (SECONDARY) Tubercular Ulceration of Bowels (duration) — yrs. 4 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Microscopical Exam.
(Signed) [signature], M. D
, 19 (Address) Sappington Mo

*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 SS. Peter & Paul Cemetery
DATE OF BURIAL Jan. 21 1927

20. UNDERTAKER J. H. Gebhart L. and N. Co
ADDRESS 2842 Meramec

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.