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

Do not use this space.

28323

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4405 West Pine St. ..... Ward)

File No. ..... Registered No. 7814

2. FULL NAME William Haas.

(a) Residence. No. 4405 W. Pine St. 19 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 16th 1869.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	57.	8	15.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Treasurer
(b) General nature of industry, business, or establishment in which employed (or employer) General Paper Box Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John P. Haas.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Dorothea.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

14. INFORMANT Lydia H. Haas.
(Address) 4405 W. Pine

15. FILED SEP - 1 1927 19.. May C. Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 1 1927

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1926, to Sept. 1, 1927, that I last saw ~~him~~ alive on Aug. 29, 1927, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1 3 Myocarditis Chronic

..... (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) NO

..... (duration) ..... yrs. ..... 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? Clinical Signs

(Signed) Carl Dudley, M. D.

, 19 (Address) 633 Metropolitan Bldg.

*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 Oak Grove, Tenn. DATE OF BURIAL Sept 3 1927

20. UNDERTAKER C.R. Lupton ADDRESS 4449 Olive

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.