

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

28500

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis Mo. (No. 4280 Holly Ave) St. Ward)

File No.
 Registered No. 89333

2. FULL NAME

Henry C. Haasing
 (a) Residence. No. 4280 Holly Ave. 10 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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sophie Haasing</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 27 - 1855</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>0</u>
	DAYS <u>11</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Retired Merchant</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Furniture</u>		
(c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 8th 1927
 17. I HEREBY CERTIFY That I attended deceased from Sept 2, 1927, to Sept 7, 1927
 that I last saw him alive on Sept 7 4:45 A.M., 1927, and that death occurred, on the date stated above, at 2:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Insufficiency
1927
 (duration) yrs. mos. da. 5
 CONTRIBUTORY (SECONDARY) Arterio-sclerosis
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS His General Condition
 (Signed) Haine Markes, M. D.
 (Address) Marina 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.

PARENTS	10. NAME OF FATHER <u>Don't know</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Don't know</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Don't know</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Don't know</u> (STATE OR COUNTRY)
14. INFORMANT <u>Sophie Haasing</u> (Address) <u>4280 Holly Ave.</u>	
15. FILED <u>10</u> 19 <u>27</u> <u>Max C. Starck</u> REGISTRAR	

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla DATE OF BURIAL Sept 11 1927
 20. UNDERTAKER Hy Leidner and Co. S. Market St
 ADDRESS 1417

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.

11-11-11