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.

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

Do not use this space.

22349

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis, (No. 4547 S. Broadway. St. ..... Ward)

File No. ..... Registered No. 6538

2. FULL NAME Catherine Haase.

(a) Residence. No. 4547 S. Broadway. St., 15 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: Female

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: Charles A. Haase

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 7. 1900.

7. AGE: 27 YEARS, MONTHS: 9, DAYS: 12. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): 30

(c) Name of employer: 130

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

PARENTS

10. NAME OF FATHER: John Caine

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.,

12. MAIDEN NAME OF MOTHER: Margarette Glenn

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

14. INFORMANT: Charles A. Haase (Address) 4547 S. Broadway

15. FILED JUN 21 1928 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6 – 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr. 2, 1928, to June 19, 1928 that I last saw her alive on 6 – 19, 1928, and that death occurred, on the date stated above, at 7:50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: acutic regurgitation & mitral regurgitation acute nephritis (duration) yrs. 2 mos. 20 ds.

CONTRIBUTORY (SECONDARY): acute articular Rheumatism (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.

(Signed) E. E. Neiple, M. D

6/20, 1928 (Address) 3864 S Broadway

*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: June 22 1928

20. UNDERTAKER: J. H. Gibbons Lamon Co

ADDRESS: 2842 Meramec