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

Do not use this space.

42614

File No. ____
Registered No. 11858

1. PLACE OF DEATH

County ____ Registration District No. 791
Township ____ Primary Registration District No. 1003
City St Louis Mo (No. Jewish Hosp St. ____ Ward)

2. FULL NAME Jacob Haas

(a) Residence. No. Forest Park Hotel St. 12 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 Emma Fuson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/28/1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
59	6	6	

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

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

PARENTS
10. NAME OF FATHER Elias Haas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ____
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Theresa Fery
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ____
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs Jacob Haas
(Address) Forest Park Hotel

15. FEB -6 1928 Filed, 19__ Alma C. Stanley Registrar

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 4 1928

17. I HEREBY CERTIFY, That I attended deceased from September 1, 1928, to December 4, 1928 that I last saw h.lm.. alive on December 4, 1928, and that death occurred, on the date stated above, at 5 00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, pulmonary
31 638 27
(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus
Operation for draining lungs of fluid for Tuberculosis
(duration) ____ yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ____
DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 10, 1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Jerome E. Cook, M. D
Dec 6, 1928 (Address) Metropolitan Bld.

*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 Int Simon
DATE OF BURIAL 11/6 1928

20. UNDERTAKER Mayer
ADDRESS 4356 Lindell

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.

WRITE PLAINLY, WITH INFRINGING INK—THIS IS A PERMANENT RECORD