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

Do not use this space.

7081

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1950

City St Louis (No. ..... St. ..... Ward)

2. FULL NAME John Lawrence Haas

(a) Residence No. 1047 Allen St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U.S., if of foreign birth? 63 yrs. 6 mos. 17 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~~ Lena Haas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-5-1866

7. AGE: Years 63 | Months 6 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) St Clair Co
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER John G. Haas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Catherine Zeilmann
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

14. INFORMANT Lena Haas
(Address) 1047 Allen St St Louis

15. FILED ....., 19.. Max C Harkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22 1930

17. I HEREBY CERTIFY, That I attended deceased from February 8 1930 to February 22nd that I last saw him alive on February 22nd 1930, and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Myocarditis

93C
82A

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) Paralytic stroke
Apoplectic Hemiplegia (duration) 2 yrs. ..... mos. ..... ds.

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? .....

(Signed) Dr Robert Lederer, M. D
Feb 23rd 30 (Address) 1012 Peyerhaus

*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: New Baden Ill
DATE OF BURIAL: 2/26 1930

20. UNDERTAKER: H B Hempen
ADDRESS: New Baden Ill

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.