

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

Do not use this space.

7121

1. PLACE OF DEATH

County mo

Registration District No. 791

Township —

Primary Registration District No. 1003

City St. Louis

(No. City Hosp #1)

File No. 1992

Registered No. 1992

St. St. Louis Ward 12

2. FULL NAME

(a) Residence No. 118 Exchange Ave East St. Louis

(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

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

Annie Haps

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

March 10 1880

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or mts.

46

11

14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

R.R. Man

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

Sealer

(c) Name of employer.....

B + O R.R.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

East St. Louis Ill

PARENTS

10. NAME OF FATHER

John Haps

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

Holland Germany

12. MAIDEN NAME OF MOTHER

Mary Scudt

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

Holland Germany

14. INFORMANT (Address)

Annie Haps 118 Exchange Ave

15. FILED

1930

Mrs. E. Starny
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24 1930

17. No Physician attended
HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage of Brain
Fractured Skull
Collision between
two carts
St. Louis Mo.

CONTRIBUTORY (SECONDARY)

Whether Criminal or accidental
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. W. Kermer, M.D.

(Address) Dep. Coroner

*State the Disease CAUSING DEATH, if 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

DATE OF BURIAL

East St. Louis Ill 2/26 1930

20. UNDERTAKER

ADDRESS

Mrs. M. J. Walsh 701 State St. St. Louis

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.

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