

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

Do not use this space.

13779

1. PLACE OF DEATH

46 County St. Louis
Township Meramec
City..... (No.)

Registration District No. 785
Primary Registration District No. 6032

File No.....
Registered No. 67
St. Ward)

2. FULL NAME

Louisa Haag
(a) Residence. No. Eureka Mo. St. 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 8 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Unemployed
(b) General nature of industry, business, or establishment in which employed (or employer) Madame with relatives
(c) Name of employer

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

10. NAME OF FATHER William Haag

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

12. MAIDEN NAME OF MOTHER Gertrude Helm

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

14. INFORMANT Ernest Motter
(Address) Eureka, Mo.

15. FILED 4/5 1932 L. E. Bawert M. D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb. 4th, 1932, to April 14, 1932 that I last saw her alive on March 18, 1932, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Maternal Incompetency
92A 92A

CONTRIBUTORY (SECONDARY) Not known
(duration) 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) A. M. Brook, M. D.

4/14, 1932. (Address) Eureka Mo.

*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 DATE OF BURIAL

Sethel Cemetery April 16 1932
Pond 1 Mo

20. UNDERTAKER ADDRESS

Schrader and Co. Ballwin Mo.

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.

APR 28 1932

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

