

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

Do not use this space.

✓ 27768

1. PLACE OF DEATH

County St. Louis Registration District No. 191
 Township Mark Primary Registration District No. 11002
 City St. Louis (No. 2330) St. 23 Ward

File No. _____
 Registered No. 7596
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2330 Mark St., 23 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Christ E. Haase</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 1 1874</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>8</u>
	DAYS <u>16</u>	IF LESS than day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belleville</u> <u>Illinois</u>		
FATHER	13. NAME <u>Julius C. Haasing</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belleville</u> <u>Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Beitha Vollrath</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belleville</u> <u>Ill.</u>	
17. INFORMANT (ADDRESS) <u>Christ E. Haase</u> <u>2330 Mark Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Bur. Ph.</u> DATE <u>8-20</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Phil. Dev. & Co.</u> <u>2090 S. Jefferson Ave.</u>		
20. FILED <u>Aug 24 1932</u> <u>May O. Parker</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-24 1932, to 8-17 1932

I last saw h. aw alive on Aug 11 1932. Death is said to have occurred on the date stated above, at 11:33 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix.
 Date of onset _____
 Other contributory causes of importance: (1)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. T. Lindquist, M. D.
 (Address) 3115 S. Grand

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.

