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

Do not use this space.

37221

File No. .....

Registered No. 9846

1. PLACE OF DEATH

County ..... Registration District No. 18

Township ..... Primary Registration District No. 1008

City St Louis (No. 2257, Indiana St. ..... Ward)

2. FULL NAME Walter Haas

(a) Residence, No. 2257 Indiana St., 23 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 Barbara Haas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 - 1868

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper 45

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pioneer Rug Work

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 20 yr

12. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

FATHER

13. NAME Dont Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " "

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT Walter Haas Jr.
(ADDRESS) 2801 Lemp Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Paul Churchyard DATE Nov 8 1932

19. UNDERTAKER J H Gilkeson
(ADDRESS) 2639 Gravois Av.

20. FILED NOV -7 1932 Max C Starkloff
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1932 to Nov 5, 1932

I last saw him alive on Nov 5, 1932 Death is said to have occurred on the date stated above, at 3.30 p.m.

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

	Date of onset
Cerebral Hemorrhage	Nov 5
131	
83 H / 31	
Other contributory causes of importance:	
Chronic Nephritis	Yr

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Expn 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) J. P. Lemp, M. D.

(Address) 2730 McNair Ave

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.

Dr Keim
[illegible]