

FEB 12 1938

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

1161
Do not use this space.

791
1009

1017

1. PLACE OF DEATH
(a) County Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City St. Louis (d) Street No. 8224 Virginia Avenue St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Stephan Haas 2,00
(a) Residence, No. 8224 Virginia Avenue St. 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Christina Haas
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 11 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Himself
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) Austria

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Christina Haas -Wife
(ADDRESS) 8224 Virginia, City

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter & Paul DATE Jan. 29 1938

19. FUNERAL DIRECTOR C. Hoffmeister Und. Co.
(ADDRESS) 7814 S. B'way, St. Louis, Mo.

20. FILED 27 1938
J. P. Budeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26th, 1938
22. I HEREBY CERTIFY That I attended deceased from Sept. 14th, 1937, to Jan 26th, 1938
I last saw him alive on Jan 26th, 1938. Death is said to have occurred on the date stated above, at 11.45 P.m.
The principal cause of death and related causes of importance were as follows:

Myocardial Incompetency (chronic)
Bronchial asthma.
Other contributory causes of importance:
None

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) E. Martin
(Address) 9500 S. Broadway

Date of onset
9-14-37

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.

7/2/50

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

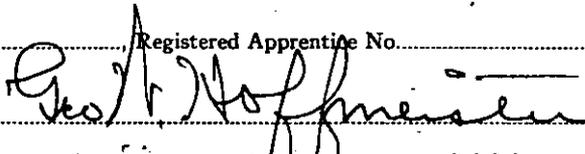
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Linus C. Hoffmeister

L. E. No. 3871

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed _____



Licensed Embalmer No. 2426

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)