

REC'D SEP 9 1938

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

29544
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 592
(b) Township _____ Primary Registration District No. 4350 Registered No. 21
(c) City Montgomery City Mo (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 55 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Haas

(a) Residence, No. Montgomery City Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/15/38, 19

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

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to Aug 15, 1938
I last saw him alive on Aug 15, 1938. Death is said to have occurred on the date stated above at 1:14 am.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 th 1869
7. AGE YEARS 68 MONTHS 8 DAYS 3 If LESS than 1 day, hrs. or min.

Cerebrasis of the Liver
124/101
Date of onset Feb. 1938

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Clothing Merchant
10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
Chronic myocarditis
Chronic nephritis
Before 1936

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Ill

FATHER 13. NAME Aaron Haas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Bertha Steine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Miss Bertha Haas
Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL Mount Sinai Cemetery DATE 8/17/38
St Louis Mo

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C.V. Hopkins
Montgomery City Mo

20. FILED Aug 16 1938 Bull Memphis
Local Registrar.

Name of operation Paracentesis of Abdomen 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? No 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) E. J. T. Andersen, M. D.
(Address) Montgomery City, Mo.

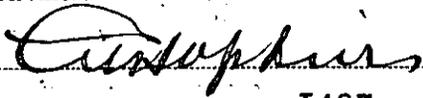
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

On the 15 day of August 1938, or by

Registered Apprentice No., working under my personal supervision.

Signed..... 

Licensed Embalmer No. 1487
Montgomery City Mo

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.