

Registration District No. **791**
1003

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **ST. LOUIS.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **7116 Michigan** **7**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME **BERNARD H. HAAR, both**

3. (b) If veteran, name war **MONK** 3. (c) Social Security No. **NONE.**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **EMMA.** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **JAN. 5 - 1876**
(Month) (Day) (Year)

8. AGE: Years **63** Months **6** Days **19.** If less than one day _____ hr. _____ min.

9. Birthplace **ST. LOUIS 170. G**
(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER.**

11. Industry or business **Park Department.**

12. Name **BERNARD HAAR - 9**

13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Emma Haar.**

(b) Address **Michellie mo.**

17. (a) **Burial** (b) Date thereof **JULY 29-39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MNT OLIVE CEM.**

18. (a) Signature of funeral director **JOS. P. FENDLER JR.**

(b) Address **JUL 27 1939 MICHIGAN AV.**

19. (a) _____ (b) **J. P. Baedek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County _____
(c) City or town **ST. LOUIS** **1**
(If outside city or town limits, write "RURAL")
(d) Street No. **7116 MICHIGAN AV.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **26**
year **1939** hour **4** minute **45** P. M.

21. I hereby certify that I attended the deceased from **Jan 12**, 19**37**, to **July 26**, 19**39**; that I last saw him alive on **July 26**, 19**39**; and that death occurred on the date and hour stated above.

Immediate cause of death **Silicosis Myocarditis**
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **ABU**

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury **1**

23. Signature **David Benjamin** (M. D. or other) **20**

Address **7408 1/2 Michigan** Date signed **7/26/39**

Duration **3 yrs (?)**
Physician _____
Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *925*

P. O. Address. *570 East*

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.