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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 15 1941

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40355

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 10126

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Katherine Haag

3. (b) If veteran, name war no
3. (c) Social Security none

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Mike Haag
6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased November 12, 1892
(Month) (Day) (Year)

8. AGE: Years 48 Months 0 Days 26
If less than one day hr. _____ min. _____

9. Birthplace Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name John Osmac

18. Birthplace Hungary
(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 John Haag

(b) Address 1814a S. 12th St.

17. (a) Burial (b) Date thereof Dec. 11-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marcus Cemetery

18. (a) Signature of funeral director M. C. Maydell

(b) Address 1926 Allen Ave

19. (a) DEC 10 1940 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1904 S. 12th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8,
year 1940 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from December 6, 1940 to December 8, 1940;
that I last saw her alive on December 8, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Tuberculosis of left Internal Carotid Artery 2 days
Due to Emboli from Tubercled Veins in left foot 2 days
Due to Old Cellulitis of left foot & Patent Foramen Ovale 3 months life

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy As above

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 _____

23. Signature Roger M. Kendall (M. D. or _____)
Address 1515 Lafayette Date signed 12-9-40

Duration
2 days
2 days
3 months life

PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Benj. C. Duncan*

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

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.