

FEB 14 1941

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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4225

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 154

1. PLACE OF DEATH:  
(a) County ST. LOUIS  
(b) City or town RURAL - ST. LOUIS  
(c) Name of hospital or institution:  
JEWISH SANATORIUM  
(d) Length of stay: In hospital or institution 55 days  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME ALBERT HAASE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 488-03-8413

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased DECEMBER 30 1876  
(Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 23 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace CHARLESTOWN / SOUTH CAROLINA  
(City, town, or county) (State or foreign country)

10. Usual occupation FORMER CHEMICAL SALESMAN

11. Industry or business unemployed

12. Name Albert Haas.

13. Birthplace Charlestown, / South Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know.

15. Birthplace Dont Know. 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Aldolph Eckstrand.

(b) Address 4705 Margaretta Ave.

17. (a) Cremation (b) Date thereof 1-22-1941.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director Geo. I. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) JAN 22 1941 (b) R. Meyers D. P. H.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(d) Street No. 4705 Margaretta Ave.  
(e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 22  
year 1941 hour 4 minute 07 A.M.

21. I hereby certify that I attended the deceased from 11-29, 1940, to January 22, 1941;  
that I last saw h. i. m. alive on January 22, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death CIRCULATORY FAILURE

Due to ARTERIOSCLEROTIC HEART DISEASE

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 12 H

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 \_\_\_\_\_

23. Signature Ally Simon (M. D. or other) D  
Address JEWISH SANATORIUM Date signed 1/22/1941

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

96  
0  
0

**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.

*No Embalming*

Signed *A.C. Gibson*

Licensed Embalmer No. *3454*

P. O. Address *3766 Eastern Blvd*

**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.**