

FILLED APR 21 1947

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

8537
Do not use this space.

1. PLACE OF DEATH

(a) County 791 Registration District No. _____
 (b) Township _____ Primary Registration District No. 1003 Registered No. 1947
 (c) City St. Louis (d) Street No. A Missouri Baptist Hospital 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

WALTER F. HAASS
 (a) Residence, No. _____ St. Detroit, Michigan.
 (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 LILLIAN HAASS (51)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 7 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. lawyer.
 9. Industry or business in which work was done, as saw mill, bank, etc. Pres. Goebel Brewing Co.
 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) Detroit, Michigan.

FATHER 13. NAME KARL HAAS

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

MOTHER 15. MAIDEN NAME MARIE unknown

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

17. INFORMANT (ADDRESS) Mrs Lillian Haass
Detroit, Michigan.

18. BURIAL, CREMATION, OR REMOVAL PLACE Detroit, Mich. DATE March 1 41

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C.R. Lupton & Sons
St. Louis, Missouri. 7233/10

20. FILED 1 1947 J. W. Brucher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 28, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1941, to Feb 28, 1941

I last saw him alive on Feb 28, 1941. Death is said to have occurred on the date stated above, at 5:50 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage
arterio-sclerotic changes
myocarditis chronic
 Date of onset _____

Other contributors (causes of importance):
Chronic
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Chromic Was there an autopsy? no

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? no
 If so, specify _____ (signed) _____ M. D.
 _____ (Address) 812 Olive Street

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

1947
AUG
1947

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 Clarence A. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis

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.