

Registration District No. 791

Primary Registration District No. 1003

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 \_\_\_\_\_  
In Auto, About 57200 Gravois Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DOJ

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 171

(d) Street No. 4008 Dover Pl.  
(If rural, give location) 9

(e) ~~Residence in U.S.A. \_\_\_\_\_ years.~~

3. (a) PRINT FULL NAME Barbara C. Haas

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

4. Sex Female 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 May 29 1864  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month October day 25  
year 1941 hour 5:00 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

8. AGE: Years Months Days If less than one day

77	4	26	_____ hr. _____ min.
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9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis.

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

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

Other conditions None  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name -- Andre

13. Birthplace Unknown  
(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 Elizabeth Roif

(b) Address 3647a Wilmington

17. (a) Burial (b) Date thereof 10/28/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New ST. Marcus Cem.

18. (a) Signature of funeral director John S. Ziegenhein, Jr.

(b) Address 7027 Gravois Ave.

19. (a) OCT 28 1941 (b) J. J. Brudack  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 9.50

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) (b) Means of injury 3

23. Signature Alfred Perry (M. D. or other) 3

Address Dept. of Health Date signed 10/27/41

Duration \_\_\_\_\_

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.....

L. P. Kidwell  
Licensed Embalmer No. 3877

P. O. Address 7027 Travis

**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, fact should be so stated above.**