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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37094**
Registrar's No. **9324**

DEC 22 1941
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:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **19 weeks**
(Specify whether
In this community **life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **University City**
(If outside city or town limits, write "RURAL")
(d) Street No. **6803 Waterman Avenue**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ROBERT T. HAAS**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased **January 26 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 10 27 hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired president**

11. Industry or business **Haas Lieber Grocery Co.**

MOTHER FATHER { 12. Name **Eugene Haas**

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

14. Maiden name **Clementine Zukoski**

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

16. (a) Informant **Mrs Arthur Sherwood**

(b) Address **University City, Mo.**

17. (a) **burial** (b) Date thereof **Nov. 25/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cemetery**

18. (a) Signature of funeral director **C. R. Lupton & Sons**

(b) Address **7233 Delman Bly'd., St. Louis**

19. (a) **NOV 24 1941** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **Nov.** day **23rd**
year **1941** hour **7:15** minute **2** M.

21. I hereby certify that I attended the deceased from **Nov 13**
19 **41** to **Nov 23** 19 **41**

that I last saw **him** alive on **10/22/41** 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death

Fractured femur Duration **5 dn**

Due to **Fractured leg** **4 wks**

Due to **fall** **1 yr**

Other conditions **Arteriosclerosis**

(Include pregnancy within 3 months of death)

Major findings: **Arteriosclerosis**

Of operations _____

Of autopsy _____

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

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

(a) Accident, suicide, or homicide (specify) **accident** **12k**

(b) Date of occurrence **7/28/41**

(c) Where did injury occur? **6803 Waterman**
(City or town) (County) (State)

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

While at work? _____ (Specify type of place) **Fall**

23. Signature **Arthur E. Strahl** (M. D. or other) **C. M. M. D.**

Address **539 N. Grand** Date signed **11/24/41**

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

Dr. Arthur E. Strauss
Humboldt Bldg. JE-6525
JE-6525
HRS-1100-4 P.M.

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 H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.