

No. 2
-1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19615

ED JUL 13 1942 791

Registration District No. 791 Primary Registration District No. 1003

Registrar's No. 5492

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

1. PLACE OF DEATH:

(a) County ST. LOUIS MO.

(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
EN ROUTE TO CITY HOSPITAL #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street 2332 A S 18th
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JACOB HAAG

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 26
year 1942 hour 2:25 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

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

6. (b) Name of husband or wife AMELIA HAAG 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased JUNE 1891
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis
Chronic Intestinal Nephritis
Arteriosclerosis

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

51 0 18 hr. min.

Due to Chronic Nephritis

Due to Arteriosclerosis

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

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation TATERN OPERATOR

11. Industry or business _____

12. Name ANDREW HAAG

13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

14. Maiden name ROSIKA NAGEL

15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

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

16. (a) Informant AMELIA HAAG
(b) Address 2332 A S 18th

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) BURIAL (b) Date thereof JUNE 29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET PARK

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? _____

18. (a) Signature of funeral director Thos. J. & Son
(b) Address 2906 1/2 Square

19. (a) JUN 27 1942 (b) J. F. Bredekamp
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) Means of injury

23. Signature Alfred J. Henry (M. D. or other) _____
Address _____ Date signed 6/27/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

David Van Fossan

Registered Apprentice No.....

working under my personal supervision.

Signed *David Van Fossan*

Licensed Embalmer No. *4242*

P. O. Address *2906 Marriard*

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.