

**FILED JAN - 4 1943** *784*

Registration District No. \_\_\_\_\_

Primary Registration District No. **210**

Registrar's No. **2595**

96  
0  
0

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

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Althiem  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Clayton Road West of Ballas Rd.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community 40 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

(c) City or town Althiem  
(If outside city or town limits, write "RURAL")

(d) Street No. Clayton Rd.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Adele Elizabeth Haas

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased July 9 1902  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>40</u>	<u>5</u>	<u>0</u>	_____ hr. _____ min.

9. Birthplace St. Louis Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business Dr. Glaser private home

**MOTHER FATHER**

12. Name Charles C. Haas

13. Birthplace St. Louis Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Hoebel

15. Birthplace St. Louis Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles C. Haas

(b) Address Clayton Mo. R.R. #1.

17. (a) Burial (b) Date thereof 12-3-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Schneider Funk Home

(b) Address Ballwin Mo.

19. (a) DEC 10 1942 (b) C. L. Mc Dermott  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 9<sup>th</sup>  
year 1942 hour 11 minute 45 M.

21. I hereby certify that I attended the deceased from December 7, 1942 to December 9, 1942  
that I last saw her alive on December 9<sup>th</sup>, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage with complete hemiplegia *3 days*

Due to Hypertension

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

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

Major findings: 8301

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) \_\_\_\_\_

(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 B. R. Loving (M. D. or other) mo

Address Ballwin, Mo. Date signed 12-10-42

JUL 4 1943

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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

*Geo. Schrader*

Licensed Embalmer No.

*3066*

P. O. Address

*Dallas, 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.