

MAR 2 1943 318

Registration District No.

Primary Registration District No. 1003

1789

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution..... 1445 Hampton Ave./
(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)

3. (a) PRINT FULL NAME..... Solemon Haaser.

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife..... Emma Haaser
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... October 24th, 1855.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 3 29 hr. min.

9. Birthplace..... Unknown Louisiana /
(City, town, or county) (State or foreign country)

10. Usual occupation..... Printer

11. Industry or business.....

MOTHER, FATHER {
12. Name..... ? Haaser.
13. Birthplace..... Unknown Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name..... Unknown
15. Birthplace..... Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mamie Valquist
(b) Address..... 1445 Hampton Ave.

17. (a) Burial (b) Date thereof..... February 25, 1943.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... New St. Marcus Cemetery.

18. (a) Signature of funeral director..... Ziegenhein Bros.
(b) Address..... 8409 Gravois Ave.

19. (a) FEB 23 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri. (b) County.....
(c) City or town..... Saint Louis,
(If outside city or town limits, write "RURAL")
(d) Street No..... 1445 Hampton Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23rd,
year 1943. hour 2 minute 0 A. M.

21. I hereby certify that I attended the deceased from..... Jan 13
1943, to 2-22-43, 19.....
that I last saw him..... alive on..... 2-22-43, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Ch. cerebral rupture
Ch. myocardiopathy
Duration..... ?

Due to.....
Due to..... Serum

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
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) (Means of injury)

23. Signature..... J. F. Brudeck (M. D. or other)
Address..... 1803 Parkway Date signed..... 2/23/43

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

Juddie W. Ziegenhein

Licensed Embalmer No. *2270*

P. O. Address *6409 Grassie*

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.