

S. No. 2  
M-8-43  
5-17-39  
PI X37823

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED FEB 7 1946** STANDARD CERTIFICATE OF DEATH

State File No. **2618**

Registration District No. **112** Primary Registration District No. **5428** Registrar's No. **5**

1. PLACE OF DEATH:  
(a) County **Franklin**  
(b) City or town **Gerald Rural Broomtown**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Gerald Mo 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 **56 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Franklin 36**  
(c) City or town **Gerald Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R.F.D.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **LYDIA A. HAASE**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **1** day **30**  
year **1946** hour **4** minute **40 P** M.  
21. I hereby certify that I attended the deceased from **1943**  
\_\_\_\_\_, 19\_\_\_\_, to **1-30**, 19**46**  
that I last saw her alive on **1-29**, 19**46**  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Fred E Haase** 6. (c) Age of husband or wife if alive **66** years  
7. Birth date of deceased **JUNE 4 1890**  
(Month) (Day) (Year)

Immediate cause of death **Metastatic Carcinoma - secondary to Carcinoma of Breast** Duration **6 mo**

8. AGE: Years **35** Months **7** Days **26** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy **50**

9. Birthplace **Gerald Mo Franklin**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Housewife**

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **Henry Schmiederhans**  
13. Birthplace **Pont Hudson Franklin**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Woessendien**  
15. Birthplace **Pont Hudson Mo 6**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Elmer A Haase**  
(b) Address **Gerald Mo**  
17. (a) **Burial** (b) Date thereof **2-2-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St Paul Gerald**  
18. (a) Signature of funeral director **W J Meyer**  
(b) Address **Gerald Mo**  
19. (a) **2-2-46** (b) **W. Matthews**  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature **Chas A Schmitt** (M. D. or other) \_\_\_\_\_  
Address **Gerald Mo** Date signed **2-2-46**

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

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 26-46

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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 me

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Robert M. Murray

Licensed Embalmer No. 2749

P. O. Address Quincyville, 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.**