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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3424

FILED JAN 23 1947

Registration District No. ____ Primary Registration District No. 2002 Registrar's No. 166

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

6
3
5

1. PLACE OF DEATH:

(a) County St. Louis City

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

(c) Name of hospital or institution:
7322 Stanford Av. 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 Mo. (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7322 Stanford Av. 5
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Frank X. Haag

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Antonnette Schleick 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Aug. (Month) 18 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
67	5	1	____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Sales Manager

11. Industry or business Crunden Martin Mfg. Co

FATHER
12. Name Alexander Haag
13. Birthplace ____ (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Philomine Smith
15. Birthplace ____ (City, town, or county) Ill. 1 (State or foreign country)

16. (a) Informant Mrs Antoinette Haag
(b) Address 7322 Stanford Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director [signature]
(b) Address 5165 Delmar Bl.

19. (a) 1-24-47 (Date received local registrar) (b) Ruth J. Allen MD (Registrar's signature) [signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19th
year 1947 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 8, 1946 ~~Jan 19~~ ~~1947~~ to Jan 19, 1947
that I last saw him alive on Jan 19, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Liver and Pancreas	6/8/46
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of Liver and Pancreas July 23, 1946
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature Leo Pfeifer Gerald (M. D. ~~or other~~)
Address 6677 Delmar Blvd University City Mo Date signed 1/22/47

(Licensed Embalmer's Statement on Reverse Side)

AUG 2 1948

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. F. G. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.