S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 14 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18894

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5586

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.

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

(c) Name of hospital or institution: 2634 Armand Pl. (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

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2634 Armand Pl (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HENRY HAASE

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 Lille

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 27 (Day) 1863 (Year)

8. AGE: Years 83 Months 7 Days 7 If less than one day hr. min.

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

10. Usual occupation Painter Retired

11. Industry or business

FATHER
12. Name August Haase
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Germeny (City, town, or county) (State or foreign country)

16. (a) Informant Lille Haase

(b) Address 2634 Armond Pl

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/47 (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director John H. Gebken Sons

(b) Address 2630 Gravois Ave

19. (a) JUN 5 1947 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1947 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 1 1947, to Jun 4 1947; that I last saw him alive on Jun 4 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to Carcinoma of Face

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 R. Berg (M. D. ~~or other~~)

Address 2253 Nebraska Date signed 6/5/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 29 1947

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 Robert T. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Grovers

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.