S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39712

FILED DEC 15 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10320

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)

In this community

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. 3652a Pennsylvania Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Albert Haas

3. (b) If veteran, name war No

3. (c) Social Security No. 489-07-1439

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna

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

7. Birth date of deceased February (Month) 19th, (Day) 1874 (Year)

8. AGE: Years 73 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Falstaff Brewery Co.

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Martin

(b) Address 3652a Pennsylvania, St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10, 1947 (Month) (Day) (Year) Mo.

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Stacker-Kellerhouse & L.C.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) NOV 8 - 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6th year 1947 hour 2 minute 43 P. M.

21. I hereby certify that I attended the deceased from Feb. 2nd, 1947 to March 5th 1947 that I last saw him alive on March 5th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: General carcinomatosis — Duration 6 mo.

St. Louis

Due to: Carcinoma of stomach — Feb. 22-47

Due to: Carcinoma of stomach — Duration 1 yr.

Other conditions (Include pregnancy within 3 months of death): 0

Major findings: Of operations

Of autopsy Yes

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 0

23. Signature Herluf G. Lund (M. D. or other) MD

Address 3701 Grandel Date signed 11/

Herluf G. Lund

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Hyland.

Licensed Embalmer No. 2645

P. O. Address S. Lewis Dres

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.