

No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2574
Registrar's No. 290

Registration District No. 318 Primary Registration District No. 1002

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:
3922 a Olive st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

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. 3922 a Olive st
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry E. Haas
3. (b) If veteran, name war no 3. (c) Social Security No. none
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Rode Haas 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 19 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Attorney

11. Industry or business self

12. Name Henry Haas

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

14. Maiden name Hilke Smith

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

16. (a) Informant Edward J. A. Haas

(b) Address 2436 Fall ave, rear

17. (a) burial (b) Date thereof. Jan-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director J. P. Rouse & Co.
(b) Address 2707 N. Grand Bldg

19. (a) JAN 10 1948 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 8
year 1948 hour 3 minute 48 M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis
Decompensated
Due to Chronic Interstitial
Due to Nephritis
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 1/21
Of operations _____
Of autopsy _____

Duration
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) (e) Means of injury _____
Signature Patrick E. ... (M.D. or other) _____
Address _____ Date signed 4/12/48

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 *Stanley H. Dixon*
.....
Licensed Embalmer No. *4193*
.....
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.