

Registration District No. 318 Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:
3542 CAROLINE ST.
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME TILLIE HASS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE

5. Color or race W

6. (a) Single, widowed, ~~married~~
divorced W

6. (b) (Name of husband or wife) WILLIAM HASS

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

7. Birth date of deceased DECEMBER 25 1902
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>2</u>	<u>19</u>	hr. min.

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

10. Usual occupation DRESS FINISHER

11. Industry or business _____

12. Name STANLEY ZEKISKI

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

14. Maiden name JANE DUDZIK
(City, town, or county) (State or foreign country)

15. Birthplace WALDAN EAST PRUSSIA
(City, town, or county) (State or foreign country)

16. (a) Informant Lorraine Hass

(b) Address 3542 Caroline

17. (a) BURIAL (b) Date thereof MARCH 14 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette Av

19. (a) MAR 15 1948 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3542 CAROLINE ST.
18
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1948 hour 11 minutes A.M.

21. I hereby certify that I attended the deceased from Feb 6 1948
March 13 19 48 to March 6 19 48

that I last saw h. a alive on March 6 19 48
and that death occurred on the date and hour* stated above.

Immediate cause of death Carcinomatous
right breast

Due to _____

Due to _____

Other conditions 50
(Include pregnancy within 5 months of death)

Major findings:
Of operations _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. F. Brodeur (M. D. or other) _____
Address Mo. Health Bldg Date signed 3-13-48

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

MOTHER FATHER

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 J. Allen Davis Jr
Licensed Embalmer No. 4053
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.