

FILED NOV 10 1949

State File No. _____

Registration District No. _____ 318 Primary Registration District No. 1003

Registrar's No. 9385

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:
Deaconess 6150 Oakland Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 Days
 (Specify whether
 In this community _____
 years, months or days) D

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Illinois 999
 (c) City or town Mascoutah 11
 (If outside city or town limits, write "RURAL")
 (d) Street No. 502 N. Lebanon
 (If rural, give location) W.R.
 (e) Citizen of foreign country? No (Yes or No) 2
 If yes, name country _____

3. (a) PRINT FULL NAME Theresa E. Haas

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Lawrence B Haas 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased. November 24 1903
 (Month) (Day) (Year)

8. AGE: Years 45 Months 11 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Damiansville Illinois 1
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own

MOTHER FATHER { 12. Name John Wuebbles
 13. Birthplace Damiansville Illinois
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Mary Book
 15. Birthplace Damiansville Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Lawrence B Haas
 (b) Address Mascoutah Illinois

17. (a) Removal (b) Date thereof Oct. 29 1949
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mascoutah Ill

18. (a) Signature of funeral director Emmett B. Moll
 (b) Address Mascoutah Illinois

19. (a) OCT 31 1949 (b) J. B. Hunter
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 29
 year 1949 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from OCT. 15, 1949, to OCT. 29, 1949;
 that I last saw her alive on OCT. 29, 1949;
 and that death occurred on the date and hour stated above.

Immediate cause of death LIMITS PLASTICA Duration 7 MBS.

Due to BRONCHOPNEUMONIA

Due to _____

Other conditions BRONCHOPNEUMONIA 3 DAYS
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy CARCINOMA OF STOMACH
GENERALIZED METASTASES
 Underline the cause to which death should be charged etiologically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Hb
 (b) Date of occurrence 10/29
 (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? U

23. Signature Edwin H. Schmidt (Specify type of place) _____ (a) Means of Injury _____
 Address 3525a LAWN AVE. Date signed 10/31/49
St. Louis, MO.

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.....

Not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Emmett J. K. Woll.....

Licensed Embalmer No. 2898.....

P. O. Address Muskegon Mich.....

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.