.S. No. 500
ev. 10.48

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10503

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2068

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 720 Bittner St.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2089
d. STREET ADDRESS (If rural, give location) 720 Bittner St.,

3. NAME OF DECEASED (Type or Print)
a. (First) Frank
b. (Middle) F.
c. (Last) Haase

4. DATE OF DEATH (Month) (Day) (Year) March 1st 1950

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH July 9th 1892

9. AGE (In years last birthday) 57 | If under 1 year: Months, Days | If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cutter

10b. KIND OF BUSINESS OR INDUSTRY shoe

11. BIRTHPLACE (State or foreign country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME August Haase

13b. MOTHER'S MAIDEN NAME Minnie Knetter

14. NAME OF HUSBAND OR WIFE Anna Haase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 492-10-2068

17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Haase, **ADDRESS** 720 Bittner St.,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestion of Stomach

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/1, 1950, *to* 3/1, 1950, *that I last saw the deceased alive on* _____, 19____; *and that death occurred at* 7:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE H. F. Chopin M.D. (Degree or title)

23b. ADDRESS 6548 Chebrolet Bldg

23c. DATE SIGNED 3/3/50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 3/4/50

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. MAR 3 1950

REGISTRAR'S SIGNATURE J. B. Lancaster

25. FUNERAL DIRECTOR'S SIGNATURE Diedrich F. Home **ADDRESS** 8319 Hallaferry Rd

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed J. Wm Binkley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo

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.