

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10866**
Registrar's No. **625**

FILED MAR 16 1951

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063**

1. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Clayton**

c. LENGTH OF STAY (in this place) **3 days**

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **St. Louis Co. Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri**

b. COUNTY **St. Louis**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Pagedale**

d. STREET ADDRESS (If rural, give location) **1201 Kingsland Ave.**

3. NAME OF DECEASED

a. (First) **Oliver**

b. (Middle) **C.**

c. (Last) **Haase**

4. DATE OF DEATH (Month) (Day) (Year) **March 8, 1951**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Nov. 11, 1887**

9. AGE (In years last birthday) **63**

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

10b. KIND OF BUSINESS OR INDUSTRY **Retired**

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

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Louis Haase**

13b. MOTHER'S MAIDEN NAME **Mary Frutiger**

14. NAME OF HUSBAND OR WIFE **Clara Haase**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**

16. SOCIAL SECURITY NO. **489-03-1951**

17. INFORMANT'S SIGNATURE OR NAME **Mrs. Dolores Blake**

ADDRESS **1201 Kingsland**

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Heart failure**

INTERVAL BETWEEN ONSET AND DEATH **Yes**

ANTECEDENT CAUSES

DUE TO (b) **Arteriosclerotic heart disease**

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

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 **3-5-1951**, **to** **3-8-1951**, **that I last saw the deceased alive on** **3-8-1951**, **and that death occurred at** **11:00 P.M.**, **from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) **Newman C. Ross M.D.**

23b. ADDRESS **6015 Brentwood - Clayton 5, Mo.**

23c. DATE SIGNED **3-9-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **3/12/51**

24c. NAME OF CEMETERY OR CREMATORY **Bellefontaine Cemetery**

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

DATE REC'D BY LOCAL REG. **3-9-51**

REGISTRAR'S SIGNATURE **Herbert R. Dombke M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE **PROV CST UND. CO.**

ADDRESS **3710 N. Grand Bl.**

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address _____

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.