

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34843

State File No. ....

FILED SEP 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 4531 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>WARREN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WARREN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARRENTON</u>		c. CITY OR TOWN <u>WARRENTON</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>5 YRS.</u>		e. STREET ADDRESS (If rural, give location) <u>1090 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KATIE JANE MEMORIAL HOME</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HANNAH</u>		b. (Middle) <u>MARY</u>	
c. (Last) <u>HAAS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 7-53</u>	
5. SEX <u>FE</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>NOV-15-1867</u>
9. AGE (In years last birthday) <u>85 YRS</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO. 0</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>PETE ECKERT</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BLASE</u>	
14. NAME OF HUSBAND OR WIFE <u>JACK HAAS - DECD.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. T. Charville, 1103 Rock Hill Rd.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yr</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>2 arterio-sclerotic heart lesions</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Alumina of low level found</u>		2 weeks.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>course undetermined</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>4200</u>	
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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 17, 1952</u> , to <u>Sept 7, 1953</u> , that I last saw the deceased alive on <u>Sept 4, 1952</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. Roelcke M.D.</u>		23b. ADDRESS <u>Warrenton Mo</u>	23c. DATE SIGNED <u>9-9-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept-10-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Pickers Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis MO.</u>
DATE REC'D BY LOCAL REG. <u>9-10-53</u>	REGISTRAR'S SIGNATURE <u>Floyd Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. Schur 3125 Lafayette</u>	

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

1090  
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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.....  
Signature of Student Embalmer

Signed..... *R. O. Zahnke*  
Licensed Embalmer No. *391*  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.