

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37224**
Registrar's No. **9012**

FILED OCT 27 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

| | | | |
|--|------------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 3 days | c. CITY OR TOWN Rock Hill 4631 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4385 Maryland Ave. | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) CHRISTOPH | | a. (First) CHRISTOPH | b. (Middle) HAAG |
| c. (Last) HAAG | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 16, 1953 | |
| 5. SEX M | 6. COLOR OR RACE C W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 12-2-1866 |
| 9. AGE (In years last birthday) 86 | | 10. DURING OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Contractor | 11. BIRTHPLACE (City and State or Foreign Country) Germany |
| 10a. DURING OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Contractor | | 10b. KIND OF BUSINESS OR INDUSTRY Building | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Ludwig Haag | | 13b. MOTHER'S MAIDEN NAME Caroline Ulmer | 14. NAME OF HUSBAND OR WIFE Ida Unger Haag |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left cerebral hemorrhage ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Terminal pneumonitis | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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) 331X | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 8/19 , 19 53 , to 9/16 , 19 53 , that I last saw the deceased alive on 9/16 , 19 53 , and that death occurred at 2:45 P.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE H. W. Eades | | 23b. ADDRESS 1602 S. Budy | |
| 23c. DATE SIGNED 9/16/53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 9-18-53 | |
| 24c. NAME OF CEMETERY OR CREMATORY St. Matthew's Ceme. | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 17 1953 J. Earl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, Maplewood, Mo. | |

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.....
Signature of Student Embalmer

Signed.....
H. L. Burgess

Licensed Embalmer No. *402*

P. O. Address.....
Maple

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.