No. 300
10.48

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

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6267

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1122

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): St. Johns Hosp
e. STREET ADDRESS (If rural, give location): 5329 Savoy Court

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

3. NAME OF DECEASED (Type or Print): a. (First) Nell b. (Middle) c. (Last) Hass
4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: June 23, 1887
9. AGE (In years last birthday): 69 — If under 1 year: Months 7 Days 10 — If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Henry Snyder
13b. MOTHER'S MAIDEN NAME: Annie Miller
14. NAME OF HUSBAND OR WIFE: William A. Hass
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.
17. INFORMANT'S SIGNATURE OR NAME: Jordan Newman ADDRESS: 7814 Alice Ave.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach (Carcinoma of stomach) — INTERVAL BETWEEN ONSET AND DEATH: 4 yr

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. 151+

19a. DATE OF OPERATION: 1/15/57
19b. MAJOR FINDINGS OF OPERATION: abdominal carcinomatosis. Abdominal Carcinomatosis
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 1/10, 1957, to 2/2, 1957, that I last saw the deceased alive on 2/2, 1957, and that death occurred at 8:00 PM m., from the causes and on the date stated above.

23a. SIGNATURE: Vincent T. Houston M.D. (Degree or title)
23b. ADDRESS: 7820 Carondelet
23c. DATE SIGNED: 2/4/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 5/57
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cem.
24d. LOCATION (City, town, or county) (State): St. Charles Rock Rd Mo.

DATE REC'D BY LOCAL REG.: FEB 4 '57
REGISTRAR'S SIGNATURE: Earl Smith
25. FUNERAL DIRECTOR'S SIGNATURE: McBride-Campbell Mortuary ADDRESS: 5165 Delmar
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Robert M. Murr

3749

Licensed Embalmer No.....

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.