

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

2549

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis,**

(No. **2843 Neosho Street,**

File No.

Registered No. **99**

St. Ward)

2. FULL NAME

Katharina Haase.

(a) Residence, No. **2843 Neosho Street, St., 15** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** | 4. COLOR OR RACE **White** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Fred. W. Haase**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **January 23, 1866**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
41	11	9		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **At home**

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) **Germany**

10. NAME OF FATHER **Frederick Eock.**

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Caroline Berlejung**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) **Germany**

14. INFORMANT **Fred W Haase**
(Address) **2843 Neosho Street**

15. FILED **MAN - 3 1928** **May 6 Starkloff**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2. **11/2/28**
16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan - 2 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Dec. 16** ¹⁹²⁷, to **Dec. 16** ¹⁹²⁷, that I last saw **h. e.** alive on **Dec. 16**, 1927, and that death occurred, on the date stated above, at **1 9.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis **I AM**
3.8A
CONTRIBUTORY (SECONDARY) **Exhaustion**
(duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **St. Louis - no**

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical examination**

(Signed) **James H. Ritchie**, M. D.

1.3, 1928 (Address) **5233 Antiswan Cr.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **St. Peter & Paul Cemetery** DATE OF BURIAL **Jan. - 4 - 1928**

20. UNDERTAKER **J. H. Gubler & Sons Co** ADDRESS **2842 Meramec**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD

