

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

Do not write in this space.
31639

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis (No. De Paul Hospital)
 Registration District No. **791**
 Primary Registration District No. **1003**

File No.....
 Registered No. **8356**
 St. Ward)

2. FULL NAME

Elizabeth Haase
 (a) Residence, No. 5453 Arlington St., Ward.
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 2 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mrs. L. Scott

10. Date deceased last worked at this occupation (month and year) 1933 **11. Total time (years) spent in this occupation**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Fred Haase

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Christina Eszenday

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Henry C. Scott, 31 Greenwood Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE Sept 27, 1933

19. UNDERTAKER (ADDRESS) Dahmann Funeral, 1905 Union Blvd.

20. FILED SEP 26 1933 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:
Encephalitis (Epidemic) Date of onset

Chronic myocarditis
17

Other contributory causes of importance:
93C 11

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) Naralyk D. Doherty, M.D.
 (Address) Sup. Forensic

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.

OCT 20 1933

THIS IS A PERMANENT RECORD

