

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.

REC'D JUL 12 1938

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

20178
Do not use this space.

1. PLACE OF DEATH

(a) County Deaconess Hospital | Registration District No. 791
 (b) Township St. Louis Mo | Primary Registration District No. 1003
 (c) City St. Louis Mo (d) Street No. Deaconess Hospital Registered No. 5317
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lucille Ann Haas

(a) Residence, No. 200 St. NR Chesterfield Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city of town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1938
 7. AGE YEARS MONTHS DAYS 1 da If LESS than 1 day, 17 hrs. or 9 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Deaconess Hospital (STATE OR COUNTRY) St. Louis Mo

FATHER 13. NAME Ben Frederick Haas

14. BIRTHPLACE (CITY OR TOWN) Chesterfield (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Lucille Pauline Huber

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. B. F. Haas (ADDRESS) Chesterfield Mo.

18. BURIAL, CREMATION, OR REMOVAL Manchester Mo DATE 6-11, 1938

19. FUNERAL DIRECTOR Schneider Bros (ADDRESS) Bellevue Mo

20. FILED JUN 11 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1938, to June 11, 1938
 last saw h. alive on June 11, 1938. Death is said to have occurred on the date stated above, at 3:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Primarily
6 1/2 mo.
 Date of onset

Other contributory causes of importance:

Nephritis in mother
Hypertension

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Spontaneous
 (Signed) _____, M. D.
 (Address) Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by....., Registered Apprentice No.

working under my personal supervision.

Signed

Howard G. Rowland

Licensed Embalmer No. *3114*

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.)