

Registration District No. 791Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Central Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Hattie Louise Haas8. (b) If veteran,
name war _____8. (c) Social Security
No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Charles J. Haas
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 21 1864
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 8 5 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Louis Emig
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Brockmeyer
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Wm. T. Eberle(b) Address 2332 Bellevue Ave17. (a) Cremation (b) Date thereof 2/29/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mo. Crematory18. (a) Signature of funeral director Drehmann-Harral(b) Address 1905 Union Blvd.19. (a) FEB 29 1940 (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3714 N. Taylor Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 26
year 1940 hour 10 minute 20 P. M.21. I hereby certify that I attended the deceased from 2-15
1940 to 2-26, 1940
that I last saw him alive on 2-23, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Intestinal obstruction Duration 4 daysDue to Carcinoma of descending colon indefiniteDue to _____
Other conditions (Include pregnancy within 3 months of death) _____Major findings: Carcinoma of descending colon
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature John J. Harral (M. D. or other) _____
Address Metropolitan Bldg Date signed 2/27/40

W.H.F. - Body
2-4
Theodore

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Warren A. Carver
Licensed Embalmer No. 3534
P. O. Address.....

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 this body is not embalmed, above space should be left blank.

02