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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19616

Primary Registration District No. 1003

Registrar's No. 5387

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:
426 Blase /
(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)

2. USUAL RESIDENCE OF DECEASED: 109

(a) State Missouri (b) County 0 Warren

(c) City or town Bernheimer 0 NK
(If outside city or town limits, write "RURAL")

(d) Street No. ----
(If rural, give location)

(e) Citizen of foreign country? no / (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Fritz Haase

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife ----------

6. (c) Age of husband or wife if alive ------ years

7. Birth date of deceased Mardh (Month) 12 (Day) 1877 (Year)

8. AGE: Years 65 Months 3 Days 11 If less than one day hr. min.

9. Birthplace Bernheimer, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Ernst Haase
13. Birthplace Bernheimer, (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Carrie Schorman
15. Birthplace Unk. (City, town, or county) Unk. 9 (State or foreign country)

16. (a) Informant F. W. Ackmann
(b) Address 426 Blase

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/42 (Month) (Day) (Year)
(c) Place: burial or cremation Bernheimer Mo.

18. (a) Signature of funeral director Albert H. Hoppe. Inc.
(b) Address 4700 Washington Ave

19. (a) JUN 2 3 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1942 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 11, 1942, 19 to June 23, 1942, that I last saw him alive on June 22, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Demolyed Arteriosclerosis. Duration 3 yrs.

Due to Hypertension 4 yrs.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature John R. Morris (M. D. or other)

Address 8209 S Broadway Date signed 6/23/42

(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 embalmed by me, or by Wm H. Pitzinger, Registered Apprentice No. 315, working under my personal supervision.

Signed Wilford T. Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis Mo

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, fact should be so stated above.