

S. No. 2
M-5-43
7.5-17-39
P I X3667

State File No.

FILED DEC 27 1944

Registration District No.

Primary Registration District No.

1003

Registrar's No.

10765

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5370 Pershing Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) abt 70 years

3. (a) PRINT FULL NAME Rachel S. Haas

3. (b) If veteran, name war..... 3. (c) Social Security No. NONE

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced wid.

6. (b) Name of husband or wife Isaac Haas 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Jan 29, 1852
(Month) (Day) (Year)

8. AGE: Years 92 Months 4 Days 17 If less than one day hr. min.

9. Birthplace New York City
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business

MOTHER FATHER { 12. Name Simon Schuerr

13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name Miriam Wolff

15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Herman Walpheim

(b) Address 323 Clara Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/44
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director [Signature]

(b) Address 4356 Lindell Blvd

19. (a) DEC 19 1944 J. F. Bredbeck
(Date received local registration) (Registrar's 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. 5370 Pershing Ave
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1944 hour 4 minute - P. M.

21. I hereby certify that I attended the deceased from Nov
1943 to Dec 16 1944
that I last saw her alive on Oct 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary artery occlusion
Arterial Hypertension
Due to General, cerebral and
coronary arterio-sclerosis

Duration 1 hr
15 yrs

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death) 20 yrs
Dry gangrene of toe

Major findings: [Signature]
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.....

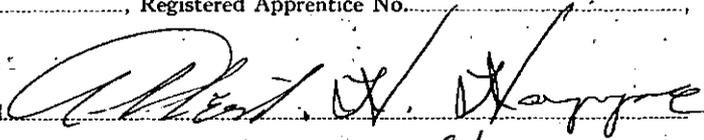
23. Signature Jerome C. Cook (M. D. or other)
Address 508 N. Grand Bl Date signed 12/18/44

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



Licensed Embalmer No. 1861

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, fact should be so stated above.