

U.S. No. 2  
FORM-2-43  
Rev. 5-17-39  
X35897

18457

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 4913

FILED JUN 6 1946  
Registration District No. 318  
Primary Registration District No. 1003

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

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: Barnes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 days  
In this community \_\_\_\_\_  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 746 Bellerive Boulevard  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Haase  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. 492-01-0599

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 31  
year 1946 hour 10 minute 55 A.M.

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOWED  
(b) Name of husband or wife MINNIE Nee Schulte  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 6 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 13, 1946, to May 31, 1946,  
that I last saw him alive on May 31, 1946,  
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 6 Days 25  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Carcinomatosis  
(Primary site undetermined)  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy Carcinomatosis (Primary site undetermined at gross study)

9. Birthplace Mascoutah Ill.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Real Estate Dealer

11. Industry or business \_\_\_\_\_  
12. Name Christian Haase  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Matilda Smucka  
15. Birthplace Poland  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

MOTHER, FATHER {  
16. (a) Informant William C. Haase  
(b) Address 733 Sherwood Dr. Wash. Mo.  
17. (a) Burial (b) Date thereof 6-3-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Summit Burial Park  
18. (a) Signature of funeral director W. H. Boes, Jr. U. Co.  
(b) Address 2929 S. JEFFERSON AVE.  
19. (a) JUN 2 1946 (b) J. F. Bradley  
(This received local health officer's signature) (Registrar's signature)

23. Signature J. F. Bradley (M. D. Registrar)  
Address Barnes Hospital Date signed 6/1/46

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**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 A. M. Davis.....

Licensed Embalmer No. 3241.....

P. O. Address 2929 So Jefferson Ave.....

**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.**