

FILED FEB 25 1950

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 7140

| | | | | | | | |
|--|----------------------------------|---|---|---|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. 317 | | PRIMARY REG. DIST. NO. 6076 | | Registrar's No. 423 | |
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give name of town) Rural, Bonhomme Twshp. | | c. LENGTH OF STAY (to this place) 80 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) d. TOWN Rural, Bonhomme Twshp. | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Clayton Road | | | | d. STREET ADDRESS (If rural, give location) Clayton Rd. 4410 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Charles | | b. (Middle) C. | | c. (Last) Haas | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1950 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Jan. 14, 1870 | | 9. AGE (10 years last birthday) 80 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Own home | | 11. BIRTHPLACE (State or foreign country) St. Louis Co. Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME George Haas | | | 13b. MOTHER'S MAIDEN NAME Sophia Schwenck | | 14. NAME OF HUSBAND OR WIFE Magdalena Koebel Haas | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Emil Haas, | | ADDRESS Clayton, Mo. R 1. | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Atherosclerosis - General II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sensitivy | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 331X | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Jan. 31, 1948 , to Jan. 14, 1950 , that I last saw the deceased alive on Feb. 8, 1950 , and that death occurred at 9:30A.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Henry F. Scott M.D. | | | | 23b. ADDRESS Ballwin Mo. | | 23c. DATE SIGNED Feb. 17-1950 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Feb. 18, 50 | | 24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | |
| DATE REC'D BY LOCAL REG. EB 17 1950 | | REGISTRAR'S SIGNATURE Herbert R. Adams | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Ballwin, Mo. | | | |

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Theo. Schrader

Signed.....
Student Embalmer

Licensed Embalmer No. *3066*

P. O. Address *Bellevue 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.