

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28289**
6950
Registrar's No.

FILED AUG 28 1951

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY 3				2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, County 4010		d. STREET ADDRESS (If rural, give location) 1039 Donnell 1	
3. NAME OF DECEASED a. (First) Robert b. (Middle) E. c. (Last) Haas				4. DATE OF DEATH (Month) (Day) (Year) Aug. 1, 1951.			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept./23/1922	
9. AGE (In years last birthday) 28		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Gustav O. Haas		13b. MOTHER'S MAIDEN NAME Mildred Crocker		14. NAME OF HUSBAND OR WIFE Mrs Constance P. Haas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 2nd World War		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Constance P. Haas, 1039 Donnell			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Neurothorax left side ANTECEDENT CAUSES A operation left lung; suffered from morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Anterior section of Broca's gyrus removed March 27, about 2 1/2 pm				INTERVAL BETWEEN ONSET AND DEATH.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Aug 1, 1951, accident 000				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home (and) factory, street, office bldg., etc.) Street		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Aug 1 5:15 p.m.		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E 8151/26			
22. I hereby certify that I attended the deceased from 1951 , to 1951 , that I last saw the deceased alive on 245P , 19 51 , and that death occurred at 245P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Patricia B. Taylor, Colonel, 1st Lt. Col.				23b. ADDRESS		23c. DATE SIGNED 8/5/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug./4/1951.		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 3 1951		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son Inc. 2161 E Fair Ave.			

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

MUST
2 1961

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Homer W. Fritz

Licensed Embalmer No. 3882

P. O. Address St. Louis

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.