

STANDARD CERTIFICATE OF DEATH

State File No. 2171

FILED MAR 18 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 2171

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2209	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 20 2841 St. Louis Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2841 St. Louis Ave.			

3. NAME OF DECEASED (Type or Print) MICHAEL	a. (First)	b. (Middle) K.	c. (Last) HAAG	4. DATE OF DEATH Feb. 23 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 27, 1890	9. AGE (In years last birthday) 62	10. UNDER 1 YEAR	11. UNDER 1 HR.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman-Aggregate	10b. KIND OF BUSINESS OR INDUSTRY Sand & Gravel Co.	11. BIRTHPLACE (City and State or Foreign Country) Austria	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Adam Haag	13b. MOTHER'S MAIDEN NAME Margaret Knierim	14. NAME OF HUSBAND OR WIFE Theresa Haag
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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.	17. INFORMANT'S SIGNATURE OR NAME Theresa Haag	ADDRESS 2841 St. Louis Ave.
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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		19. INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above causes (a) stating the underlying cause last. DUE TO (b) <u>Chr. Myocarditis, Chr. Nephritis</u> DUE TO (c) <u>Hypertension, Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 442X
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22. I hereby certify that I attended the deceased from 11-16, 1951, to 2-23, 1953, that I last saw the deceased alive on 2-23, 1953, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Ed. Lenschke M.D.	(Degree or title)	23b. ADDRESS 4885 Natural Bridge	23c. DATE SIGNED 2-24-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 26, 1953	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. FEB 25 1953	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway Bl.
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M. J. B. (Licensed Embalmers' Statement on Reverse Side)

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

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 Richard W. Storrard

Licensed Embalmer No. 4007

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.