

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. 15893

BIRTH NO. _____

REGISTRAR'S NO. 1

1. PLACE OF DEATH a. COUNTY SARASOTA		CODE NO. 68-12	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE FLORIDA b. COUNTY SARASOTA	
b. CITY OR TOWN SARASOTA (If outside corporate limits, write BUREAU.)		c. LENGTH OF STAY (in this place) 7 Winters	c. CITY OR TOWN SARASOTA (If outside corporate limits, write BUREAU.)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 212 W. Goldenrod			d. STREET ADDRESS (if rural, give location) 212 W. Goldenrod	

3. NAME OF DECEASED (Type or Print) a. (First) BRUNO b. (Middle) PHILIP c. (Last) HAAS		4. DATE OF DEATH (Month) (Day) (Year) June 5, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH May 5, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baseball		10b. KIND OF BUSINESS OR INDUSTRY Professional	9. AGE (in years: if under 1 year, last birthday) (Months) (Days) 61 1 0
11. BIRTHPLACE (State or foreign country) 16 Worcester, Mass.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13. FATHER'S NAME Hugo Haas		14. MOTHER'S MAIDEN NAME Hermann	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give year or days of service; if yes, give year or days of service) Yes W.W.I		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE Mrs. Martha E. Haas		ADDRESS 212 W. Goldenrod	

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 to which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer - Left Uterus		INTERVAL BETWEEN ONSET AND DEATH 6 mos.? 6 mos.? 6 mos.?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Left Nephrosclerosis		
	DUE TO (c) Anemia, Hypochromic		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 180X-18			

19a. DATE OF OPERATION April 14, 1952	19b. MAJOR FINDINGS OF OPERATION Cancer Left Uterus; Left Nephrosclerosis		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY OR TOWN (COUNTY) (If rural, state BUREAU.)	
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?

22. I hereby certify that I attended the deceased from April 9, 1952, to June 5, 1952 that I last saw the deceased alive on Mar 30, 1952 and that death occurred at 1:45 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward W. Sawyer, M.D.		23b. ADDRESS Sarasota, Fla.		23c. DATE SIGNED 6/6/52
24a. BUREAU OF CREMATION, REMOVAL (Specify) Removal	24b. DATE June 7, 1952	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Worcester Mass.
DATE REC'D BY LOCAL REG. June 6, 1952	REGISTRAR'S SIGNATURE Jessie Sawyer, Deputy		25. FUNERAL DIRECTOR'S SIGNATURE Carl P. Hawkes ADDRESS Sarasota, Florida	