

**CERTIFICATE OF DEATH**  
**FLORIDA**

STATE FILE NO. 15893

BIRTH NO. \_\_\_\_\_

REGISTRAR'S NO. 1

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

3. NAME OF DECEASED (Type or Print) a. (First) <b>BRUNO</b> b. (Middle) <b>PHILIP</b> c. (Last) <b>HAAS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 5, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>May 5, 1891</b>
9. AGE (In years: if under 1 year, last birthday) <b>61</b> Months <b>1</b> Days <b>0</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baseball</b>	

11. BIRTHPLACE (State or foreign country) <b>16 Worcester, Mass.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>Hugo Haas</b>		14. MOTHER'S MAIDEN NAME <b>Hermann</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year or days of service) <b>Yes W.W.I</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE <b>Mrs. Martha E. Haas</b>		ADDRESS <b>212 W. Goldenrod</b>	

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) <b>Cancer - Left Uterus</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Left Nephrosclerosis</b> DUE TO (c) <b>Anemia, Hypochromic</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>180X-18</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.?</b> <b>6 mos.?</b> <b>6 mos.?</b>
19a. DATE OF OPERATION <b>April 14, 1952</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cancer Left Uterus; Left Nephrosclerosis</b>		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21b. PLACE OF INJURY (COUNTY) _____		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? _____		21g. 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) <b>Edward W. Sawyer, M.D.</b>		23b. ADDRESS <b>Sarasota, Fla.</b>		23c. DATE SIGNED <b>6/6/52</b>	
24a. BUREAU, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 7, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY _____	
24d. LOCATION (City, town, or county) (State) <b>Worcester Mass.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl P. Hawkes</b>		ADDRESS <b>Sarasota, Florida</b>	
DATE REC'D BY LOCAL REG. <b>June 6, 1952</b>		REGISTRAR'S SIGNATURE <b>Jessie Sawyer, Deputy</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl P. Hawkes</b>	