

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20085

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis Mo.* (No. *City Hospital*)

File No.

Registered No. **5852**

St. Ward)

2. FULL NAME *Edward Hassing Sr.*

(a) Residence. No. *370 Esperance St.* St. *23* Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Widowed</i>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec. 15 - 1866*

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<i>60</i>	<i>6</i>	<i>9</i>	<i>9</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Labourer*
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN).....

(STATE OR COUNTRY) *All*

10. NAME OF FATHER *Wm Hassing*

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) *All*

12. MAIDEN NAME OF MOTHER *Sophia Sheul*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) *Unknown*

14. INFORMANT *Edward Hassing Jr.*
(Address) *370 Esperance St.*

15. FILED *May 26 1927* *Man C Stark*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 24 1927*

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw him..... alive on..... 19....., and that death occurred, on the date stated above, at..... *4: a* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Hemorrhagic Pancreatitis

128 M. M. A. (duration)..... yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY) *125*..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? *Yes*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *H. W. Stahl* M. D.
6/25, 1927 (Address) *Deputy Coroner*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Peter's Cem. DATE OF BURIAL *June 26 1927.*

20. UNDERTAKER

Ziegenhain Bros. 2623 Cherokee St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

