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

Do not use this space.

35544

File No.

Registered No. 10612

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1062

City St. Louis Mo. (No. 3120 a Iowa Ave. St. Ward)

2. FULL NAME Christian Hasenpflug

(a) Residence. No. 3120 a Iowa Ave St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31 - 1865.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Guard or Work.
(b) General nature of industry, business, or establishment in which employed (or employer) House City Employee
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Hasenpflug

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

12. MAIDEN NAME OF MOTHER Anna Batz.

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

14. INFORMANT Helen Hasenpflug
(Address) 3120 Iowa Ave

15. FILED OCT 29 1928 Mark Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 25 - 1928.

17. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1928, to Oct 25, 1928, that I last saw b. alive on Oct 25, 1928, and that death occurred, on the date stated above, at 6:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage

878 (duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (SECONDARY) 7444

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Chas. H. Pope, M. D

10/26, 1928 (Address) 1840 Railway Exchange

*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 Sunset Burial Pk. — DATE OF BURIAL 10-29 1928.

20. UNDERTAKER Ziegenhein Bros. 2623 — ADDRESS 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD