

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

Do not use this space.

38692

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1003**

File No.....  
Registered No. **11326**  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **5847<sup>a</sup> Hampton** St., **14** Ward.  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 21, 1866**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**62** | **5** | **28**

**8. OCCUPATION OF DECEASED**

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

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

PARENTS

10. NAME OF FATHER **Herman Husemann**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT **Martin Haselhorst**  
(Address) **5847 Hampton Ave**

15. FILED **Nov 21 1928** **Max C. Stanley** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 19** 19**28**

17. I HEREBY CERTIFY, That I attended deceased from **Nov. 16**, 19**28**, to **Nov. 19**, 19**28** that I last saw h.e. alive on **November 19<sup>th</sup>**, 19**28**, and that death occurred, on the date stated above, at **9:35 A.M.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Morison Lobar Pneumonia**  
**120**  
**114 B / O / A**  
(duration) **0** yrs. **0** mos. **5** ds.  
CONTRIBUTORY (SECONDARY) **Pulmonary Hemorrhage**  
**non Tubercular** (duration) **0** yrs. **0** mos. **2** 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? **Sputum tests**

(Signed) **Francis G. Wood** M. D.

**Nov. 19, 1928** (Address) **4203 - 801 Kingshighway**

\*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 **Calvary Cemetery** DATE OF BURIAL **11/22 1928**

20. UNDERTAKER **Friedman & Co 4228 South Kingshighway** ADDRESS

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

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.

11/10/19