

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

Do not use this space.

38656

1. PLACE OF DEATH

County Puchanan
Township.....
City St. Joseph, (No. 2004 Mulberry.)

Registration District No. 85
Primary Registration District No. 1001

File No. 1396
Registered No. 1396
St. Ward

2. FULL NAME Edward Hassenbusch

(a) Residence. No. 2004 Mulberry, St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Nellie Hassenbusch,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10, 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 6 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Retail Furniture
(c) Name of employer Enterprise Furniture Co

9. BIRTHPLACE (CITY OR TOWN) Cincinnati,
(STATE OR COUNTRY) Ohio.

10. NAME OF FATHER Lazarus Hassenbusch,

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

12. MAIDEN NAME OF MOTHER Bertha Nirdlinger,

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

14. INFORMANT Mrs. Edw. Hassenbusch,
(Address) 2004 Mulberry Street

15. FILED 1930 19.....
John S. O'Byrne REGISTRAR
A.S.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 23 1930, to Dec 31 1930, that I last saw him alive on Dec 31, 1930, and that death occurred, on the date stated above, at 7:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE DISEASE CONTRACTED None
IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical Symptoms
(Signed) Arthur H. Kelley M. D.

Dec 31, 1930 (Address) St Joseph MO

*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 Adath Joseph Cemetery DATE OF BURIAL Jan. 2, 1931.

20. UNDERTAKER Heaton, Begala & Bowman ADDRESS 326 S. 10 St.

Funeral Home

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.

1931 6 1 1931

DEC 31 1930

DEC 13 1957