

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

Do not use this space.

21100

1. PLACE OF DEATH

County..... Registration District No. **791**
Township **St. Louis, Mo.** Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **3816**) **Stumphey St.**

File No.....
Registered No. **5601**
St. Ward)

2. FULL NAME

Albert C. Hasten
(a) Residence, No. **3816 Stumphey St.**, **16** 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>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 27-1890.</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>42</i>	<i>0</i>	<i>15</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>black</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Shoe Business 1731</i>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo. 1</i>				
FATHER	13. NAME <i>Wm St. Hasten 9</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany 10</i>			
MOTHER	15. MAIDEN NAME <i>Rose Reifert</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo. 1</i>			
17. INFORMANT (ADDRESS) <i>Lillian Hasten 3816 Stumphey St.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Funeral Home Ph.</i> DATE <i>6-15</i> 19 <i>32</i>				
19. UNDERTAKER (ADDRESS) <i>Zugenbauer Bros 2123 Cherokee St.</i>				
20. FILED JUN 17 1932 <i>May C. Starnes</i> Registrar				

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 12, 1932*

22. I HEREBY CERTIFY That I attended deceased from *August 21st 1931*, to *June 12th 1932*

I last saw him alive on *June 12th 1932* Death is said to have occurred on the date stated above, at *12:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation about 10 years

Chronic Interstitial Nephritis 2 yrs.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *No.*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No.*

If so, specify *Albert Weisbarth*, M. D.
(Signed) *Albert Weisbarth*
(Address) *3548 S. Grand 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.

