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.

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

NOV 9 1935

Do not use this space.

34138

791
1003

File No.
Registered No. 8559

1. PLACE OF DEATH
County St.
Township
City St Louis (No. Mo. Baptist Sanitarium St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Mary A. Hassfurther
(a) Residence, No. St. N.R. Ward. Webster Groves Mo
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan-10-1854
7. AGE: Years 81 Months 9 Days 0 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Germany

FATHER
13. NAME Andrew Kunzman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Henry Hassfurther
(ADDRESS) Webster Groves Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peter & Paul DATE 10/14 1935

19. UNDERTAKER Peet Bros
(ADDRESS) 3029 Lafayette Ave

20. FILED OCT 12 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1935 to Oct 10, 1935
I last saw h. alive on Oct 10, 1935 Death is said to have occurred on the date stated above, at 4:6 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Arteriosclerosis	Oct 4 35
82 yrs	
Other contributory causes of importance: Lobar Pneumonia	Oct 6 35

Name of operation None Date of
What test confirmed diagnosis? Reflex Was there an autopsy?

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?
If so, specify
(Signed) W. Sansbury, M. D.
(Address) 3258 Lafayette

Dr Salisbury