

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.

MAR 25 1936

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

Do not use this space.

7513

1. PLACE OF DEATH

County St. Louis Registration District No. 788  
Township Jeff Primary Registration District No. 2471  
City Webster Groves (No. 201 Cottage ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Martin Hasse  
(a) Residence, No. 201 Cottage ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 24 yrs. — mos. — ds. How long in U. S., if of foreign birth 40 yrs. — mos. — ds.  
(If nonresident, give city or town and State)

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): Gina Hasse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24 - 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
66 — 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper & Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Holtkamp & Co

10. Date deceased last worked at this occupation (month and year) July 1931 11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flatow, Prussia  
Germany

13. NAME Carl Hasse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Florentine Hixdorf

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Martin Bied Hassel  
(ADDRESS) 201 Cottage ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Crematory DATE Mar 3 1936

19. UNDERTAKER Parker & Sons  
(ADDRESS) Webster Groves

20. FILED 3-2- 19 36 Jules R. Norek  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 29 1936

22. I HEREBY CERTIFY That I attended deceased from It was dead when I saw him

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Myocarditis Chronic?  
Cerebral Embolism  
(4 years ago)  
Pulmonary Edema

Other contributory causes of importance: None

Name of operation None 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? OVER 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) Victor Haese M.D.  
(Address) 17 E. Lockwood, Webster

To be countersigned by Coroner, Dr. Tiernon

Chr. hypertension and chr. arterio  
sclerosis, and old Chr. myocarditis.

He had not been seen for some time and  
when he took a severe sudden spell. Dr.

V. Reese was called in and patient pronounced  
dead upon his arrival.

His Diagnosis is mostly from circumstances and  
history of family.

From general history of family and  
observation of the deceased, with the  
history of Dr. Irick, all verify that  
this man had these chronic ailments  
which became terminal which is considered  
a natural death, therefore case was  
OK by Coroner.