

APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County GAFFCONADE  
Township BOELER  
City                      (No.                     )

Registration District No. 306  
Primary Registration District No. 5424

File No. 11857  
Registered No.                       
St.                      Ward                     

2. FULL NAME HELENA HASTERMAN

(a) Residence, No.                      St.                      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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIDOW of HUG HASTERMAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN - 4 - 1855

7. AGE YEARS 82 MONTHS 1 DAYS 27 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. HOUSEWIFE

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 70

12. BIRTHPLACE (CITY OR TOWN) DENAH GROVE (STATE OR COUNTRY) MO.

13. NAME Thomas HERTZ

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT GEO HASTERMAN (ADDRESS) OWENVILLE, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE BEEMONT DATE MAR 4 1937

19. UNDERTAKER HERMAN BLUMER (ADDRESS) 13 E. 2nd, MO.

20. FILED 3-1-1937 John Engelbrecht Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 17-27 1937 to Mar 1 1937

Last saw him alive on Feb 25 1937 Death is said to have occurred on the date stated above, at 4:45 pm

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

arteriosclerosis

Date of onset

no

Other contributory causes of importance:

97

Name of operation none Date of                     

What test confirmed diagnosis? Physician 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                     

(Signed) John Engelbrecht M. D.

(Address) Stangely, Mo.

