

AUG 30 1937

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

Do not use this space.

28289

1. PLACE OF DEATH

County St. LouisTownship ManchesterCity Manchester, Mo.Registration District No. 785Primary Registration District No. 6031(No. Manchester Nursing Home)

File No.

Registered No. 92

St. Ward)

2. FULL NAME Minnie Hasecuster(a) Residence, No. Manchester Nursing Home 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

White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFAlfred Hasecuster6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29th, 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.65730158. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. 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) 193611. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis,
Illinois13. NAME William Mahkorn14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany15. MAIDEN NAME Minnie Tone16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany17. INFORMANT Alice Mc Reynolds
(ADDRESS) 4903 Heidelberg Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Burial Pk. DATE July 17th, 193719. UNDERTAKER Albert H. Hoppe Inc.
(ADDRESS) 429 N. Euclid Avenue20. FILED 7-15-37 Agnes C. Kelly
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14th, 193722. I HEREBY CERTIFY, That I attended deceased from
Feb. 2, 1937, to July 14, 1937I last saw her alive on July 13, 1937 Death is saidto have occurred on the date stated above, at 9:00 A.M.

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

Chronic nephritis
Chronic cystitis

Date of onset

Other contributory causes of importance:

Hemiplegia (Cerebral Hem.) 1935
overageName of operation none Date ofWhat test confirmed diagnosis? Physical Was there an autopsy? no23. 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 none

Nature of injury

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

If so, specify

(Signed) B. R. Loving, M. D.(Address) Ballwin, Mo.

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.

Balwin, Mo.