

DEC 13 1937

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

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 1003

 39750
 Do not use this space.
 10737

1. PLACE OF DEATH

 (a) County Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City St. Louis, Mo. (d) Street No. 4220a Penrose Street St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Robert Hasselmann,
 (a) Residence, No. 4220a Penrose Street. St. 10
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24th, 1875
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 10 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman
 9. Industry or business in which work was done, as saw mill, bank, etc. City Water Works
 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) St. Louis, Mo.FATHER 13. NAME Chas. Hasselmann14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GermanyMOTHER 15. MAIDEN NAME Louise Kleine16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Margaret Robinson Jones
4220a Penrose Street18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Nov. 22, 193719. FUNERAL DIRECTOR (ADDRESS) Hty Rechner Mnd. Co.
1417 N. Market Street.20. FILER NOV 20 1937 J. T. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 10:30 P. M.

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

Coronary Occlusion;

Date of onset

Other contributory causes of importance: ArteriosclerosisName of operation Date of
What test confirmed diagnosis? 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 See Above
Nature of injury24. Was disease or injury in any way related to occupation of deceased? Y
If so, specify Joseph M. Quinn, M. D.
(Signed) Joseph M. Quinn
(Address) Deputy Coroner

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
.....L. E.....
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed

W. H. Siedler

Licensed Embalmer No. *2256*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)