

NOV 16 1938

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

34398
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. **791**
 (b) Township 1 Primary Registration District No. **1008** Registered No. **9384**
 (c) City **ST. LOUIS Mo.** (d) Street No. **3018A HENRIETTA** 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

212 Adele Lydia Haspes
 (a) Residence, No. **3019 Henrietta Street** St. **17**
 (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) **Jan. 11 1863**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 9th 17

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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) **St Louis, Mo. 0**

FATHER
 13. NAME **Richard Haspes**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Augusta Mo. 0**

MOTHER
 15. MAIDEN NAME **Johanna Bentzen**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dubuque Iowa 1**

17. INFORMANT (ADDRESS) **Haspes 3018A Henrietta St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **BELLEFONTAINE CEMETERY** DATE **OCT 29 38**

19. FUNERAL DIRECTOR (ADDRESS) **E. J. SCHNUR 3125 LAFALETTE AVE**

20. FILED **OCT 29 1938** **J. Bredack** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **OCT 28 1938**

22. I HEREBY CERTIFY, That I attended deceased from **June 10 1938**, to **OCT 28 1938**
 I last saw her alive on **Oct 26 1938**. Death is said to have occurred on the date stated above, at **1:45 AM**.

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

Pyelitis, non Calculous Date of onset **Jan. 38**
930
 Other contributory causes of importance: **Nephritis Chronic cyst**

Name of operation _____ Date of _____
 What test confirmed diagnosis? **Urinalysis** 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) **W. P. S. M.D.**
 (Address) **601 University Club Bldg**

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, jos B Vollmer, Licensed Embalmer No. 4014

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 jos B Vollmer,
Licensed Embalmer No. 4014

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.)