

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.

NOV 13 1939 791

Registration District No. **1000** Primary Registration District No. _____

1. PLACE OF DEATH: **2**
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **3541 Itaska**
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Marie Hasnedl 253**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Adolph** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **October 24 1875**
(Month) (Day) (Year)

8. AGE: Years **63** Months **11** Days **15** If less than one day hr. _____ min. _____

9. Birthplace **Selesia**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Bolig 7 46**
13. Birthplace **Don't Know**
14. Maiden name **Don't Know 9**
15. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____
(b) Address **3541 Itaska**

17. (a) **Burial** (b) Date thereof **Oct. 11, 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New SS. Peter & Paul, Cemetery**

18. (a) Signature of funeral director **J. H. Babin Liv & Und. Co.**
(b) Address **2842 Meramec St.**

19. (a) **OCT 10 1939** (b) **J. F. Bredel**
(City, town, or county) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED: **1**
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **15**
(If outside city or town limits, write "RURAL")
(d) Street No. **3541 Itaska**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **35** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **9**
year **1939** hour **11** minute **30** A.M.

21. I hereby certify that I attended the deceased from **July 8th**
July 8th, 19**39** to **Oct 9th**, 19**39**;
that I last saw her alive on **July 9th**, 19**39**;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of Stomach Liver
Spices Intake Intention
Due to **Chronic nephritis**
Due to **Primary site stomach**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations **Varified by Esophagostomy**
operation at Bethside Hosp
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **W. A. ...** (M. D. or other) _____
Address **1461 ...** Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Loran E. Percy

Licensed Embalmer No. 4094
2842 Meramec St.
P. O. Address St. Louis, Mo.

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.)

If this body is not embalmed, above space should be left blank.