

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

35653  
Do not use this space.

NOV 14 1939

1. PLACE OF DEATH  
 (a) County Callaway Registration District No. 104  
 (b) Township Fulton Primary Registration District No. 3008 Registered No. 296  
 (c) City Fulton (d) Street No. State Hospital #1 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. 7 mos. 18 ds. (f) How long in U. S., if of foreign birth? yrs. \_\_\_\_ mos. \_\_\_\_ ds.

2. PRINT FULL NAME Frederick J. Sasse  
 (a) Residence, No. Brunswick Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dora Benecke</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 16 1864</u>		
7. AGE <u>75</u>	YEARS <u>75</u>	MONTHS <u>6</u>
		DAYS <u>16</u>
If LESS than 1 day, ____ hrs. or ____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Attorney</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u><del>Attorney</del></u>	
	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) <u>Brunswick Mo</u>		
FATHER	13. NAME <u>Frederick Sasse</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Calvin Hoffmann</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>State Hosp #1 record Fulton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brunswick Mo</u> DATE <u>Nov 3 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>R. W. Laersel Brunswick Mo</u>		
20. FILED <u>Nov 2 1939</u> <u>A. N. Crews</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/1 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/13/39 to 11/1 1939  
 I last saw him alive on 11/1 1939. Death is said to have occurred on the date stated above, at 4:28 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia  
 Date of onset 11/1

Other contributory causes of importance:  
Malnutrition  
Dehydration  
Acquired Senile Psychosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Phys. Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No 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. J. Wood, M. D.  
 (Address) State Hosp #1 Fulton Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. E.—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.

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**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.....

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

Signed.....

*L. W. [Signature]*

Licensed Embalmer No.....

*823*

P. O. Address.....

*Briensville, 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.**