

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1942 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH 100319631
State File No. 5416
Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **4 Days**
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME..... **Henry Claus Hasselbusch**3. (b) If veteran, name war..... **No.** 3. (c) Social Security No. **No.**4. Sex..... **Male** 5. Color or race..... **White** 6. (a) Single, widowed, married, divorced..... **2** **Widower**6. (b) Name of husband or wife..... **Fannie** 6. (c) Age of husband or wife if alive..... **13** **1875** years7. Birth date of deceased..... **December** **13** **1875**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
66 **6** **9** hr. min.9. Birthplace..... **St. Louis** **Mo.**
(City, town, or county) (State or foreign country)10. Usual occupation..... **Nil**

11. Industry or business.....

12. Name..... **Claus Hasselbusch**13. Birthplace..... **Germany** **4**
(City, town, or county) (State or foreign country)14. Maiden name..... **Margaret Sterberg**15. Birthplace..... **Germany** **4**
(City, town, or county) (State or foreign country)16. (a) Informant..... **Katie Weddan**(b) Address..... **5421 Pennsylvania**17. (a) **Burial** (b) Date thereof..... **6/25/42**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation..... **St. Paul Churchyard**18. (a) Signature of funeral director..... **W. Lehmann**(b) Address..... **3013 Meramec**19. (a) **4 1942** (b) **J. P. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **000**
 (c) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No..... **5421 Pennsylvania**
 (If rural, give location)
 (e) Citizen of foreign country?..... **0** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **June** day..... **22**.
year..... **1942** hour..... **7:35** minute..... **P.** M.21. I hereby certify that I attended the deceased from **June**
19, 19 **42** to **June 22**, 19 **42**.
that I last saw him alive on **June 22**, 19 **42**.
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Arteriosclerotic Heart Disease**
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy..... **refused**

Duration

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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)
(a) Means of injury..... **0**23. Signature..... **W. Lehmann** (M. D. or other) **0**
Address..... **1515 Lafayette Avenue**, Date..... **6/22/42**

244 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

00
17
9

STATEMENT BY LICENSED EMBALMER

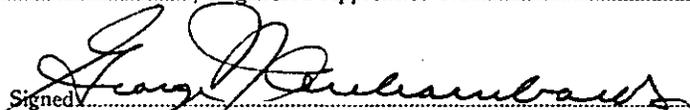
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. **XXXXXX**

working under my personal supervision.

Signed



Licensed Embalmer No. **2906-**

P. O. Address **3013 Meramec**

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, fact should be so stated above.