

62715

23057

0 AUG 7 1943

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6945**

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mayfair Hotel 800 St. Charles St 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Williamson **999**

(c) City or town Herrin **111 N. ON.**
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Edward Hasenjaeger

3. (b) If veteran, name war..... 3. (c) Social Security No. 342-09-0514

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irene Hasenjaeger 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased October 2 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>9</u>	<u>28</u> hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) **0**

10. Usual occupation Sales Manager

11. Industry or business Consolidated Coal Co

12. Name William Hasenjaeger

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

14. Maiden name Johanna Roehrig

15. Birthplace Missouri (City, town, or county) (State or foreign country) **0**

16. (a) Informant Irene Hasenjaeger

(b) Address Herrin Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 31 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Marthasville Missouri

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) Aug 31 1943 J. F. Rudick (Date received locally registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30th, day July, year 1943 hour 8:42 minute A. M.

21. I hereby certify that I attended the deceased from August 1939, to July 30, 1943, that I last saw him alive on July 27, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion **Duration**

Due to Coronary artery disease **bys**

Due to.....

Other conditions (Include pregnancy within 3 months of death) **PH**

Major findings: Of operations..... **PH**

Of autopsy.....

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 John L. Horner (M. D. or other) **M.D.**

Address 114 N. Taylor St. Jones Date signed 7-31-43

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

MOTHER FATHER

James Beant
411 N. Taylor
St. - 8600
Ca- 8011

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 *Frank J. Owen*.....

Licensed Embalmer No. *2245*.....

P. O. Address *Johnston*.....

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.