

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
X 336671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15180

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 4158

00  
17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Christian Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Days (Specify whether)  
In this community 78 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 69  
(d) Street No. 4518 Pope Ave. (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Mr/ William G. Hassett  
(b) If veteran, name war none (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 9th.  
year 1945 hour 8:00 minute A.M.

4. Sex male (1) 5. Color or race white  
6. (a) Single, widowed, married, divorced, widowed 2  
6. (b) Name of husband or wife late Catherine Hassett  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased August 30th.. 1866 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 7th 1945 to May 9th 1945  
that I last saw him alive on May 8th 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 8 Days 9 If less than one day hr. min.

Immediate cause of death: Arterial Sclerosis  
Cerebral Hemorrhage 3 days  
Due to

9. Birthplace St. Louis MO. D (City, town, or county) (State or foreign country)

Other conditions: (Include pregnancy within 3 months of death)  
Due to

10. Usual occupation none  
11. Industry or business  
12. Name Unknown  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Virginia Hall  
15. Birthplace U. S. A. (City, town, or county) (State or foreign country)

Major findings: Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Gladys Scanlon  
(b) Address 4518 Pope Ave.  
17. (a) Burial (b) Date thereof 5-12-45 (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cemetery

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

18. (a) Signature of funeral director Hy. Leidner U. Co.  
(b) Address 2223 St. Louis Ave.  
19. (a) MAY 10 1945 (Date received local registrar)  
(b) J. P. Breuer (Registrar's signature)

23. Signature Geo. C. Mellis (M. D. or other)  
Address 2739 N. Grand Date signed 5-10-45

**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 John P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Ave

**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.**