

State File No.

FILED JAN 21 1946
Registration District No. 318

Primary Registration District No. 100

Registrar's No. 121

1. PLACE OF DEATH:

(a) County St. Louis.

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

(c) Name of hospital or institution:
4960 Aldine Place
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 80 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Louis A Hassemer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ellen Hassemer. 6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased June 1, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

89	7	3	hr. _____ min. _____
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9. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Phillip Hassemer 4

13. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

14. Maiden name Eleanor Beyerbach

15. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Rudolph Mueller.
(b) Address 4960 Aldine Place.

17. (a) Burial (b) Date thereof 1-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Park Cem

18. (a) Signature of funeral director Arthur J. Durnally
(b) Address 3840 Lindell Blvd

19. (a) JAN 5 1946 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 661

(c) City or town St. Louis 6 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4960 Aldine Place. 4
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th.
year 1946 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 28 1945 to Jan 3 1946
that I last saw him alive on Dec 16 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac paralysis sudden

Due to Chronic endocarditis

Due to Chronic nephritis

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

Major findings: 121

Of operations _____

Of autopsy no

Duration

Underline the cause to which death should be charged statistically.

PHYSICIAN

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, town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Harry A. May (M-D. or other) _____
Address 4703 Delmar Date signed 1/5/46

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

2579

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address: 3845 Lindell

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.