S. No. 2
M—5-43
. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 26 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4015

Registration District No. 319 Primary Registration District No. 3069 Registrar's No. 200

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

2117

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Manchester, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 43 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")

(d) Street No. 3516 Grace Avenue 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country ----------

3. (a) PRINT FULL NAME Frederich D. Hasselbring

3. (b) If veteran, name war ---------

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Anna Koopmann

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased April (Month) 6, (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	9	12	..... hr. ..... min.

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

10. Usual occupation RR Machinist

11. Industry or business Terminal R R Assn.

FATHER
12. Name Louis Hasselbring
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Unknown 0 (State or foreign country) 1

16. (a) Informant Edwin T. Hasselbring
(b) Address 2723 Wyoming

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/46 (Month) (Day) (Year)
(c) Place: burial or cremation Our Redeemer Luth. Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis Avenue

19. (a) 1-23-46 (Date received local registrar) (b) E G McGinnis M D (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18, year 1946 hour 2: minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 8, 1945, to Jan 18, 1946; that I last saw him alive on Jan 18, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to generalize arteriosclerosis

Due to 97

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature A. L. Marblin M D (M. D. or other)

Address 3507 Potomac Date signed 1-21-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Anton L. Merklin
3507 Potomac

FEB 27 1946

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 Glen W. Holz

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

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.