

#54624
FILED MAR 18 1946
318

STANDARD CERTIFICATE OF DEATH

State File No.

11205

Registrar's No.

2164

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days Memorial
(Specify whether)

In this community
years, months or days

3. (a) PRINT FULL NAME MARTHA HASSEE

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Herman Hasse 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased Aug. 28 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 4 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Hank Mann
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Hank
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Herman Hasse

(b) Address 2919 Wisconsin Av.

17. (a) Cremation (b) Date thereof 3-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director With Bro. L. W. G.

(b) Address 2929 S. Jefferson Av.

19. (a) MAR 5 1946 (b) J. F. Bredeck
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2919 Wisconsin Av. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month March day 2nd year 1946 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from 2/26/46 to 3/2/46 and that death occurred on the date and hour stated above.
that I last saw h. er alive on 3/2/46

Immediate cause of death Arteriosclerotic Heart Disease Duration

Due to 4
Due to 4

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of injury) (c) Signs of injury

23. Signature James J. Ford (M, D, or other) 3/6/46
Address 1515 Lafayette Date signed

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

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So. Jefferson 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.