No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29110

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7773

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months 14 Days (Specify whether
In this community 70-6-24
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. 2708 Osage St. 9
(If rural, give location)

(e) Citizen of foreign country? 15 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Friedericke Hasemann

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 20 (Day) 1877 (Year)

8. AGE: Years 70 Months 6 Days 24 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

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

MOTHER
14. Maiden name Louise Benz
15. Birthplace St. Louis Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Elizabeth Hasemann
(b) Address 2708 Osage St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak-Grove-Crematory

18. (a) Signature of funeral director Schumacher-Und-Co.
(b) Address 3013 Meramec St.

19. (a) AUG 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14
year 1947 hour 7:50 minute A M.

21. I hereby certify that I attended the deceased from June 5, 1947 to 8-14-, 1947
that I last saw her alive on 8-13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma primary? 55

Due to

Due to

Other conditions Pathological metastatic fractures carcinoma left arm & leg
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause of 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 0

23. Signature J. M. McCaughan or other M.D.
Address 539 N. Grand Blvd. Date signed 8-14-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr J. M. McCaughan
Humboldt Bldg. Jc 1878

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address 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.