No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35815

Registrar's No. 9556

1. PLACE OF DEATH:

(a) County

(b) City or town SAINT LOUIS, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: SAINT JOHN'S HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 DAYS (Specify whether years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St Louis 96

(c) City or town ~~SAINT LOUIS~~ 0
(If outside city or town limits, write "RURAL")

(d) Street No. 7050 W. FLORISSANT BLVD. 0
(If rural, give location) NR. 1

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

If yes, name country

3. (a) PRINT FULL NAME MR. MILTON W. HASHAGEN

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 MARRIED 1

6. (b) Name of husband or wife MRS. ROSE HASHAGEN nee WEBER

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased AUGUST 17th, 1902 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
45	1	27	hr. min.

9. Birthplace SAINT LOUIS, MISSOURI 0
(City, town, or county) (State or foreign country)

10. Usual occupation ASSISTANT CHEIF CLERK

11. Industry or business M. K. T. RAILROAD COMPANY

FATHER
12. Name RICHARD HASHAGEN 0
13. Birthplace SAINT LOUIS, MISSOURI
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MATHILDA BAERLOCHER
15. Birthplace SAINT LOUIS, MISSOURI 0
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ROSE HASHAGEN
(b) Address 7050 W. FLORISSANT BLVD.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4822 NATURAL BRIDGE BOULEVARD

19. (a) OCT 15 1947 (Date received local registrar) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 14th year 1947 hour 12 minute 01 P.M.

21. I hereby certify that I attended the deceased from Aug. 1st, 1947 to Oct. 14, 1947 that I last saw him alive on Oct. 13, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the Rt lung	3 mo.
Due to: metastasis to Rt Chest wall	
Due to: Pleural effusion	2 mo
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: none
Of autopsy: yes. some

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? Means of injury 0

23. Signature D. J. Verda (M. D. or other)
Address 4500 Olive St Date signed 10-14-47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Foster Bldg.
5 to 7 P.M.

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 Ralph C. Linder's

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.