

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35346

State File No. 8598

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS (If rural, give location) 4473 Gibson	

3. NAME OF DECEASED (Type or Print) a. (First) Hattie b. (Middle) Lesem c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 10-18-49		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-21-86	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor	10b. KIND OF BUSINESS OR INDUSTRY Scruggs	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME (Mueller, Carl)	13b. MOTHER'S MAIDEN NAME (Kempnel, Anna)	14. NAME OF HUSBAND OR WIFE (Lesem, Benjamin)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Fred H. Mueller	ADDRESS 5259 Page
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decomposition		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Ht. Disease		
	DUE TO (c) Arteriosclerotic Ht. Disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 93
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H2O
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22. I hereby certify that I attended the deceased from Sept. 27, 1949 to Oct 18, 1949, that I last saw the deceased alive on Oct. 18, 1949, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE Robert E. Mack	(Degree or title) MID	23b. ADDRESS 1325 S. Grand	23c. DATE SIGNED 10-19-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-20-49	24c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard	24d. LOCATION (City, town, or county) (State) St. Louis, County
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DATE REC'D BY LOCAL REG. OCT 19 1949	REGISTRAR'S SIGNATURE J. B. Fasalar	25. FUNERAL DIRECTOR'S SIGNATURE Will Bros. & Co.	ADDRESS 2929 S. Jefferson
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jaffe

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

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