

FILED DEC 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38392**  
Registrar's No. **217**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058**

929

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

1. PLACE OF DEATH a. COUNTY <b>St Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Charles</b>	
c. LENGTH OF STAY (in this place) <b>63</b>		d. STREET ADDRESS (If rural, give location) <b>1052 Jefferson St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Joseph Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Osmund</b> b. (Middle) _____ c. (Last) <b>Haenssler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 14 1949</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Sept 26 1886</b>		9. AGE (In years last birthday) <b>63</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Attorney</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Law</b>		11. BIRTHPLACE (State or foreign country) <b>St Charles County</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>R.C. Haenssler</b>		13b. MOTHER'S MAIDEN NAME <b>Sophia</b>		14. NAME OF HUSBAND OR WIFE <b>Evelyn Haenssler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <b>497-09-6301</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Evelyn Haenssler</b> ADDRESS <b>1052 Jefferson St</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>one hour</b>	
		ANTECEDENT CAUSES DUE TO (b) <b>ANGINA Pectoris</b>		<b>6 months</b>	
		DUE TO (c) <b>HYPERTENSION +</b>		<b>1201</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>HYPERTENSIVE HEART DISEASE</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6-13**, 19**49**, to **11-14**, 19**49**, that I last saw the deceased alive on **11-14**, 19**49**, and that death occurred at **8:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Cliff Lawrence</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>114 N. Main St. Charles Mo</b>		23c. DATE SIGNED <b>Nov 16 No. 49</b>	
24a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Burial</b>		24b. DATE <b>Nov 17 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Charles Mo.</b>					

DATE REC'D BY LOCAL REG. <b>11-25-49</b>		REGISTRAR'S SIGNATURE <b>Fannie Haenssler</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Heckmann - Paul</b> ADDRESS <b>St Charles Mo</b>	
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*As T. d. v. m. m.*

District File Number

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NOV 30 1979

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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.

Signed *Arthur C. Bane*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *215-4*

P. O. Address *St Charles Mo*

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.