

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38394

State File No. _____

FILED NOV 22 1949

No. 300
10:48

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>212</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Charles</u>)		c. LENGTH OF STAY (in this place) <u>/</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		<u>9 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2305 North Sixth</u>				d. STREET ADDRESS (If rural, give location) <u>2305 North Sixth</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Louis</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Hastreiter</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 11-1949</u>	
8. DATE OF BIRTH <u>Nov 25-1872</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR (Months) (Days)		IF UNDER 1 HR. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>A. C. & P. Co. St. Charles, Mo.</u>		11. BIRTHPLACE (State or foreign country) <u>Hungary-Moristfeld-Austria</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Hastreiter</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF SPOUSE OR WIFE <u>Rosina Tetrault</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-05-7737</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rosina Hastreiter-St. Charles, Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				<u>20 days</u>	
		ANTECEDENT CAUSES					
		DUE TO (b) <u>Essential Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u> </u>				<u>unknown</u>	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Heart Disease</u>				<u>unknown</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>March</u> , 19 <u>49</u> , to <u>Nov. 11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov. 5</u> , 19 <u>49</u> , and that death occurred at <u>3:10 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. R. Randall M.D.</u>				23b. ADDRESS <u>207 N. 5th St. St. Charles</u>		23c. DATE SIGNED <u>Nov. 12 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 14-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Charles Borromeo</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-16-49</u>		REGISTRAR'S SIGNATURE <u>Francis Hamel</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. C. Dallenmeyer & Sons Co. 800 N. 2nd - St. Charles, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number

District Health Officer No. 9,

RECEIVED
NOV 19 1949

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 4189

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Joseph I Landolt
Licensed Embalmer No. 4189

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.