

S. No. 300
V. 10-48

MAILED SEP 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29517

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>943</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>Most of life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		0117		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2209 Union Street</u>				d. STREET ADDRESS (If rural, give location) <u>2209 Union Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mimiée</u> b. (Middle) <u>Spear</u> c. (Last) <u>Hassenbusch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 10, 1951</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Jewish</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>February 11, 1880</u>		
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Washington, D. C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Leopold Spear</u>			13b. MOTHER'S MAIDEN NAME <u>Ether Rosenberg</u>			14. NAME OF HUSBAND OR WIFE <u>Joseph Hassenbusch</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bernard Hassenbusch St. Joseph, Mo.</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Arteriosclerosis</u> ANTECEDENT CAUSES <u>Cardio-vascular - Renal</u> DUE TO (b) _____ DUE TO (c) <u>(a)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Edema</u> <u>Fracture Rt Hip</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> <u>5 yrs.</u> <u>4 wks</u> <u>4 wks</u>	
19a. DATE OF OPERATION <u>8/22/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fract. Hip</u> <u>131</u> <u>E903-0</u> <u>20</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>cell</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph Buch. Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7/31/51</u>		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>cell in house</u>						
22. I hereby certify that I attended the deceased from <u>7/31</u> , 19 <u>51</u> , to <u>9/10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9/9</u> , 19 <u>51</u> , and that death occurred at <u>2:00 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Jacob Kulowski</u>				23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>9/10/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/12/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Adath Joseph Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>Sept. 13, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casita</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. Hoffer</u>		ADDRESS <u>St. Joseph, Mo.</u>		

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

DEC 17 1951

OCT 13 1951

OCT 13 1952

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 *Raymond M. ...*

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.