

STANDARD CERTIFICATE OF DEATH

Star File No. **15776**
Registrar's No. **4247**

FILED MAY 14 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) 21 Days	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 4413 a Pennsylvania Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. ADDRESS 13	
3. NAME OF DECEASED a. (First) Joseph b. (Middle) Anthony c. (Last) Hasenmueller			4. DATE OF DEATH (Month) 4 (Day) 22 (Year) 53
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 28, 1923
9. AGE (In years: last birthday) 30		IF UNDER 1 YEAR 0	IF UNDER 24 HOURS 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician		10b. KIND OF BUSINESS OR INDUSTRY Accordion Player	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph W. Hasenmueller		13b. MOTHER'S MAIDEN NAME Mary Ender	
14. NAME OF HUSBAND OR WIFE Doris Hasenmueller		ADDRESS 4413a Penn.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) World War 2		16. SOCIAL SECURITY NO. 489-20-6949	
17. INFORMANT'S SIGNATURE OR NAME Doris Hasenmueller		ADDRESS 4413a Pennsylvania Ave.	
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) Hodgkins's Disease ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Broncho-pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 Years 1 Week
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 201X			
22. I hereby certify that I attended the deceased from 4/2, 1953 , to 4/22, 1953 , that I last saw the deceased alive on 4/22, 1953 , and that death occurred at 6:40p. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Donald H. Fudge, M.D.		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 4/22/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/25/53	
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. APR 24 1953		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons		ADDRESS 2630 Gravois Ave.	

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

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 _____

Robert F. Gibken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.