

FILED JUL 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26454

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6110

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>12 5225 Kensington Avenue</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederick</u> b. (Middle) <u>C.</u> c. (Last) <u>Hastedt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 - 16 - 1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4 - 27 - 1870</u>
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Hastedt</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Bredehoeft</u>	
14. NAME OF HUSBAND OR WIFE <u>Rose Hastedt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rose Hastedt</u>		ADDRESS <u>2225 Kensington Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>EMBOLIC PNEUMONIA BILAT</u>		ANTecedent CAUSES DUE TO (b) <u>TRAUMATIC FRACTURE L. HIP.</u>	
DUE TO (c) <u>SEMIILE DEBILITY</u>		DUE TO (d) <u>GEN. ARTERIOSCLEROSIS</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NEPHROSCLEROSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT ✓ SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>650</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-10-53</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>FELL AT HOME</u> <u>E9040</u>	
22. I hereby certify that I attended the deceased from <u>6/14</u> , 19 <u>53</u> , to <u>6/16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6/16</u> , 19 <u>53</u> , and that death occurred at <u>6:05 P.m.</u> , from the causes and on the date stated above. <u>21</u>			
23a. SIGNATURE (Degree or title) <u>Louis P. Hettner M.D.</u>		23b. ADDRESS <u>1320 McCutcheon Rd.</u>	
23c. DATE SIGNED <u>6/17/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/19/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
DATE REC'D BY LOCAL REG. <u>JUN 19 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral 1905 Union Blvd.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300

48

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Warren A. Carver

Signed.....
Student Embalmer

Licensed Embalmer No. *3538*

P. O. Address.....

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

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