

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29688

State File No.

FILED SEP 14 1953

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 200

920
5

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

1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0923</u>	
c. LENGTH OF STAY (In this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1101 North Fifth Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evangelical Emmaus Home</u>			

3. NAME OF DECEASED (Type or Print) <u>Catherine Hasenbeck</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 9, 1953</u>		
a. (First)	b. (Middle)		c. (Last)		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 16, 1862</u>		9. AGE (In years last birthday) <u>90</u>
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</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Paul Kluth</u>		13b. MOTHER'S MAIDEN NAME <u>Christine Du Bois</u>		14. NAME OF HUSBAND OR WIFE <u>Paul Hasenbeck</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 AND ADDRESS <u>Mrs. Harry Sullentrop, St. Chas., Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Compensation</u>		ANTECEDENT CAUSES			<u>2 wks</u>
DUE TO (b) <u>Chr. Myocarditis</u>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			<u>1 yr.</u>
DUE TO (c) <u>General Arterio-sclerosis</u>		II. OTHER SIGNIFICANT CONDITIONS			<u>20 yrs</u>
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>		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 Sept 10th, 1953 to Sept 19th, 1953, that I last saw the deceased alive on Sept 7th, 1953, and that death occurred at 9 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. P. Erich Schulz</u> (Degree or title)		23b. ADDRESS <u>St Charles Mo</u>		23c. DATE SIGNED <u>Sept 10</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 12, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Saint Peter's Cemetery</u>	
				24d. LOCATION (City, town, or county), (State) <u>Saint Charles, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Sept 10 1953</u>		REGISTRAR'S SIGNATURE <u>Frank Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Dallmeyer</u> ADDRESS <u>St Charles, Mo.</u>	
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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.

Student
Student Embalmer

Signed Frank R. Amaleng

Licensed Embalmer No. 48324

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.