

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No.
7436

FILED AUG 20 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7436	
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) years _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2069 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5704 Kennerly Avenue				d. STREET ADDRESS (If rural, give location) 6 5704 Kennerly Avenue,			
3. NAME OF DECEASED (Type or Print) a. (First) Edward			b. (Middle) G.		c. (Last) Hasekamp.		4. DATE OF DEATH (Month) (Day) (Year) July 28, 1953
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH May 21, 1892	9. AGE (In years last birthday) 61	# UNDER 1 YEAR Months _____ Days _____	# UNDER 18 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Emerson Elect. Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 1st W.W.			16. SOCIAL SECURITY NO. 494-10-2157		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Walter Hasekamp, 5704 Kennerly 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma middle lobe right lung INTERVAL BETWEEN ONSET AND DEATH About 5 mo. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 6-11-53		19b. MAJOR FINDINGS OF OPERATION Inoperable Carcinoma middle lobe right lung				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)		163X	
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?			
22. I hereby certify that I attended the deceased from 4-3, 1953 to July 28, 1953 , that I last saw the deceased alive on July 28, 1953 and that death occurred at 11:55A m., from the causes and on the date stated above.							
23a. SIGNATURE J. C. Smith (Degree or title)				23b. ADDRESS 4222 N. Grand		23c. DATE SIGNED 7-29-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-31-1953		24c. NAME OF CEMETERY OR CREMATORY National Cemetery, J.B.		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
DATE REC'D. BY LOCAL JUL 31 1953		REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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 Hubert G Burnley
Licensed Embalmer No. 42070

P. O. Address St Louis 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.