

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33364**  
**7981**

FILED SEP 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3338 Minnesota</b>		d. STREET ADDRESS (If rural, give location) <b>16 3338 Minnesota</b>	
3. NAME OF DECEASED (Type or Print) <b>Christ Hasenpflug</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 14, 1953</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Nov. 20, 1872</b>
9. AGE (In years last birthday) <b>80</b>		10. IF UNDER 1 YEAR (Months) (Days) Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Hasenpflug</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Moehrl</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>May Mulderig</b> ADDRESS <b>3338 Minnesota</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 days</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Carcinoma of Prostate</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION <b>Ca of Prostate</b>		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) <b>177X</b>	
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 <b>3<sup>rd</sup></b> , 19 <b>53</b> , to _____, 19____, that I last saw the deceased alive on <b>8/14</b> , 19 <b>53</b> and that death occurred at <b>1125 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Otto Mulderig M.D.</b> (Degree or title)		23b. ADDRESS <b>220 University Club Bldg St. Louis</b>	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <b>8-18-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Pauls Church Yard</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b> ADDRESS <b>6322 S. Grand St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>AUG 17 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b> (Licensed Embalmer's Statement on Reverse Side)	

Dr. Wilhelmi  
University Club Bldg.  
Je. 0846  
2 to 4 p.m.

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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.....

*myself.*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *David T. Fossan.*

Licensed Embalmer No. *4242.*

P. O. Address *6322 So Grand*

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.