

FILED OCT 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 35439
Registrar's No. 8781

BIRTH NO. 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 c. LENGTH OF STAY (In this place) c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 5821 Mardel e. STREET ADDRESS (If rural, give location) 14 5821 Mardel 21490

3. NAME OF DECEASED a. (First) Lillian b. (Middle) H. c. (Last) Hasselbusch 4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1954

5. SEX f 6. COLOR OR RACE w 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH June 9, 1887 9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby sitter 10b. KIND OF BUSINESS OR INDUSTRY Own business 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles Balmer 13b. MOTHER'S MAIDEN NAME Emily Niederweiser 14. NAME OF HUSBAND OR WIFE Harry Hasselbusch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 498-18-0025 17. INFORMANT'S SIGNATURE OR NAME Mrs. Emily Heyd, 5821 Mardel ADDRESS

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) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 2 hrs ANTECEDENT CAUSES *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 (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.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from Sept 1950, to Sept 26, 1954, that I last saw the deceased alive on 3-10-1954, and that death occurred at 3:10 PM, from the causes and on the date stated above.

23a. SIGNATURE 9-26-54 (Degree or title) John B. Matthew M.D. 23b. ADDRESS 3707 Watson Rd 23c. DATE SIGNED 9-26-54

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE Sept. 29, 1954 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. SEP 27 1954 REGISTRAR'S SIGNATURE Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 6464 C. Hoffmeister Colonial Mortuary, Chippewa

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

Dr Matthews
6434 Devonshire

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.....
Signature of Student Embalmer

Signed *Linna C. Hoffmann*.....

Licensed Embalmer No. 3871

P. O. Address 781 1/2 Pine

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.