

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20089

State File No.

BIRTH NO. 38959-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4717

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Lemay</u> ⁸⁷
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>739 Regina ave.</u> ⁴⁸⁷⁰	
3. NAME OF DECEASED (Type or Print) a. (First) <u>INFANT</u>		b. (Middle)	c. (Last) <u>Hassenbeck</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>May 29, 1955</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 28, 1955</u>
9. AGE (In years last birthday) <u>8</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>no</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Herbert J. Hassenbeck</u>	
13b. MOTHER'S MAIDEN NAME <u>Betty Ann Haas</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herbert J. Hassenbeck</u> ADDRESS <u>739 Regina ave. Lemay,</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES <u>Premature labor 33 wks gestation</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO <u>33 wks gestation</u> 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 <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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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? <u>776X</u>	
22. I hereby certify that I attended the deceased from <u>28 May, 1955</u> , to <u>29 May, 1955</u> , that I last saw the deceased alive on <u>28 May, 1955</u> , and that death occurred at <u>4 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. A. Nester M.D.</u> (Degree or title)		23b. ADDRESS <u>5600 S. Compton</u>	23c. DATE SIGNED <u>29 May 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 30, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SS Peter & Paul Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>7030 Gravois ave.</u>
DATE REC'D BY LOCAL REG. <u>MAY 31 1955</u>	REGISTRAR'S SIGNATURE <u>J. C. Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>G. Hoffmeister U. & L. Co.</u> ADDRESS <u>7814 S. Broadway</u>	

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.....
Signature of Student Embalmer

Signed *Harry J. Schmeiser*.....

Licensed Embalmer No. *267*

P. O. Address *7814 S. Bond*.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (E 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.