

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10376

FILED MAR 27 1957

Registration District No. 318 Primary Registration District No. 1003 STATE FILE NUMBER 2205 Registrar's No.

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be, causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | |
|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS Mo</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>ST. LOUIS</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1516 - S. BROADWAY</u> | | Length of stay in 1b | | d. STREET ADDRESS (If outside, give location) <u>2239 1925 S. BROADWAY</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>H.</u> Last <u>HASSEL</u> | | 4. DATE OF DEATH Month <u>MAR.</u> Day <u>4</u> Year <u>1957</u> | | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | |
| 8. DATE OF BIRTH <u>JUNE 7 1885</u> | | 9. AGE (In years last birthday) <u>71</u> | | IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>ST. LOUIS Mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13. FATHER'S NAME <u>HENRY HASSEL</u> | | 14. MOTHER'S MAIDEN NAME <u>ANNA HIRTZ</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>496-07-3808</u> | | 17. INFORMANT Address <u>MARY NOLEN 4953 WALSH</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic myocarditis.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>?</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>Coronary Artery Disease</u> | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>March 1953</u> to <u>March 4, 1957</u> and last saw <u>her</u> alive on <u>March 3, 1957</u> . Death occurred at <u>12 NOON</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Thomas F. Summer, M.D.</u> | | 22b. ADDRESS <u>3857 Luidell, St. Louis 8, Mo.</u> | | 22c. DATE SIGNED <u>3-5-57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>MAR. 7 1957</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>S. J. PETER & PAUL</u> | |
| 23d. LOCATION (City, town, or county) <u>ST. LOUIS Mo</u> | | 23e. (State) | | | |
| 24. FUNERAL DIRECTOR <u>Thomas Kutes 2906 Gravois</u> | | 25. DATE RECD. BY LOCAL REG. <u>MAR 6 '57</u> | | 26. REGISTRAR'S SIGNATURE <u>Carl Smith Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

229A

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]
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 434

P. O. Address 7906

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.