

FILED JUL 1 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 57-23037-1404

Registration District No. 317 Primary Registration District No. 551 Registrar's No. 1404

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> ✓		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>University City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>University City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>residence</b>		Length of stay in 1b <b>19 years</b>	d. STREET ADDRESS <b>7936 Teasdale Court</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>NMN</b> Last <b>KASSEBAUM</b>			4. DATE OF DEATH Month <b>June</b> Day <b>2</b> Year <b>1957</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 18, 1870</b>		9. AGE (In years last birthday) <b>86</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired officer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hermann Oak Leather Co. Farmington,</b>		11. BIRTHPLACE (City and state or country) <b>Iowa USA</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13. FATHER'S NAME <b>Henry Kassebaum</b>		
14. MOTHER'S MAIDEN NAME <b>Louise Hadaway</b>			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>none</b>			17. INFORMANT <b>Addelyn Kassebaum, 7936 Teasdale Ct</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b> DUE TO (b) <b>arteriosclerotic heart disease</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH <b>4200</b>
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 _____ a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>Jan. 1947</b> to <b>June 2, 1957</b> and last saw <b>him</b> alive on <b>May 21, 1957</b> . Death occurred at <b>7:30 a.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Hugo F. Bergman MD</b> (Degree or title)			22b. ADDRESS <b>3720 Washington</b>		22c. DATE SIGNED <b>6/2/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>entombment</b>		23b. DATE <b>6-5-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Mausoleum</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
24. FUNERAL DIRECTOR <b>C. R. Lupton &amp; Sons-7233 Delmar</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>6-7-57</b>		26. REGISTRAR'S SIGNATURE <b>Herbert R. Tomke MD</b>

(Licensed Embalmer's Statement on Reverse Side)

300  
-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms were listed. No standard nomenclature in item 18. No symptoms were listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

2 to 3 p.m.

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 *Arnold W. Schoene* .....

Licensed Embalmer No. *38* .....

P. O. Address *St. Louis* .....

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