

Health, Welfare, Public Service, 300-1-56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007312  
STATE FILE NUMBER  
1541

FILED FEB 28 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1541

1. PLACE OF DEATH a. COUNTY <i>Mo.</i>				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mo. Pacific Hosp.</i>			Length of stay in 1b <i>20 days</i>	STREET ADDRESS <i>7038 Bancroft</i> (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Rudolph</i> Middle <i>Waldemar</i> Last <i>Hasse</i>				4. DATE OF DEATH Month <i>Feb</i> Day <i>9</i> Year <i>58</i>			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Nov. 21, 1885</i>		9. AGE (In years last birthday) <i>72</i>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Signalman</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	11. BIRTHPLACE (City and state or country) <i>DeSoto, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Trugot Hasse</i>				14. MOTHER'S MAIDEN NAME <i>Sophia Krorpp</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT Address <i>Mrs Nora J Hasse 7038 Bancroft, St. Louis, Mo</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]- PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Gall bladder</i>							INTERVAL BETWEEN ONSET AND DEATH <i>2 Mo.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>155.1</i>							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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. 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 <i>Jan 20, 1958</i> to <i>Feb 9, 1958</i> and last saw her alive on <i>FEB 8 58</i> Death occurred at <i>155 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or title) <i>Hermann Moe</i>				22b. ADDRESS <i>607 N Grand</i>		22c. DATE SIGNED <i>2-9-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal - not to</i>		23b. DATE <i>2-11-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Flucom Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Flucom, Missouri</i>		
24. FUNERAL DIRECTOR <i>Hoffmeister Colonial Mortuary</i> Address <i>6161 Chippewa Street, St. Louis 9, Mo</i>				25. DATE RECD. BY LOCAL REG. <i>FEB 10 58</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith Moe</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Levin C. Hoffman*.....

Licensed Embalmer No. *381*.....

P. O. Address *78148*.....

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.