

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023368
STATE FILE NUMBER

DECEASED JUN 27 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6280

S. 300
1-57

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4735 Alma Avenue		d. STREET ADDRESS (If outside, give location) 4735 Alma Avenue	
3. NAME OF DECEASED (Type or print) First MIDDLE Last FRED W. HASENJAEGER		4. DATE OF DEATH Month Day Year June 18, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 21, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Jewelry	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
13a. FATHER'S NAME Fred C. Hasenjaeger		13b. MOTHER'S MAIDEN NAME Anna Spuering	14. NAME OF HUSBAND OR WIFE Mrs. Alma Marie Hasenjaeger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Alma M. Hasenjaeger, 4735 Alma Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY IMMEDIATE CAUSE DUE TO (b) <i>Arteriosclerotic kidney disease</i> DUE TO (c) <i>arteriosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 1/2 yrs + 6 1/2 yrs</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <i>260x</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Death occurred at <i>1-5-54</i> <i>6/18/58</i> and last saw her alive on <i>6/16/58</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>A. Osterhoff MD</i>		22b. ADDRESS <i>634 N. Grand</i>	
22c. DATE SIGNED <i>6/19/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 21, 1958	
23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.	
24. FUNERAL DIRECTOR ADDRESS Beiderwieden F.H.Inc. 1936 St. Louis		25. DATE RECD. BY LOCAL REG. JUN 20 1958	
26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

See reverse side of certificate for instructions. All diseases in Part I must be causally related.

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 *D. J. Moore* _____

Licensed Embalmer No. *4590* _____
P. O. Address *Ames* _____

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.