URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–030241

FILED VS SEP 1 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 7754 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 8 hrs.

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hosp. — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 2246 Missouri — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HATTIE Middle G Last BELLEVILLE

4. DATE OF DEATH Month Aug. Day 20, Year 1959

5. SEX F

6. COLOR OR RACE W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 8/8/1876

9. AGE (last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) De Soto Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Fred Hessler

13b. MOTHER'S MAIDEN NAME Margaret Henson

14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT Irene Lohman Address 2246 Missouri Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cancer of the Stomach

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chr. Myocarditis

DUE TO (c)

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 (a) Hepatitis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 3/5/58, to 8/20/59 and last saw her alive on 8/19/59

Death occurred at 2:45 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Otto C. Hanson MD

22b. ADDRESS 3012 Lafayette Av

22c. DATE SIGNED 8/21/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8/22/59

23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.

23d. LOCATION (City, town, or county) St. Louis 16 Mo. (State)

24. FUNERAL DIRECTOR Fendler Und. Co. ADDRESS 7420 Michigan

25. DATE RECD. BY LOCAL REG. AUG 21 '59

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Dr Otto G Hanser
3012 Lafayette
Pu 1-3978

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W. G. Peterson
Signature of Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7420 Mi

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