

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002140
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 473

AMENDED ✓
FILED VS MAR 7 1961
18a Congestive heart failure
18b Decompensated H. H. Disease
18c Arteriosclerosis
BY AFFIDAVIT OF attending physician

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		Length of stay in 1b	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteo. Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4166 Fair		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Minnie Middle J Last Hassbaum			4. DATE OF DEATH Month Feb. Day 13 Year 1961		
5. SEX Female	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 Aug 6, 88	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) St. Louis Mo	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Hammer		13b. MOTHER'S MAIDEN NAME Anna Prestein		14. NAME OF HUSBAND OR WIFE Louis Hassbaum	
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 Ray Hassbaum 4456 Clarence		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure Decompensated, hypertensive heart disease DUE TO (b) Medullary paralysis Arteriosclerosis DUE TO (c) Overwhelming toxemia					INTERVAL BETWEEN ONSET AND DEATH 1 min hours 2-3 weeks years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) Splenic abscess				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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. Month, Day, Year		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 11-30-60 to 2-13-61 and last saw <input checked="" type="checkbox"/> alive on 2-13-61 Death occurred at 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) George Wohlschlaeger			22b. ADDRESS 6433 W. Florissant		22c. DATE SIGNED 2-14-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 16, 61	23c. NAME OF CEMETERY OR CREMATORY St. Peters		23d. LOCATION (City, town, or county) (State) St. Louis City Missouri
24. FUNERAL DIRECTOR E.J. Schnur 3125 Lafayette		25. DATE RECD. BY LOCAL REG. 2-15-61		26. REGISTRAR'S SIGNATURE June M. Murphy	

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 Thomas R. Lewis

Licensed Embalmer No. 3793

P. O. Address 3125 Lafayette

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.