

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

12994  
Do not use this space.

791  
1003

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. **3336**  
(c) City **St. Louis** ..... (d) Street No. **4116 West Lee Avenue** .....  
(If death occurred in hospital or institution, give name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**2.50** **KATHERINE HASSINGER**  
(a) Residence, No. **4116 West Lee Avenue** St. **10**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF **Henry Hassinger**  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 23, 1859**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**79 6 15**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 6**

FATHER 13. NAME ? **Goodmann 6**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 6**

MOTHER 15. MAIDEN NAME **Not Known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Henry Hassinger**  
(ADDRESS) **4116 West Lee Avenue**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Bellefontaine** DATE **Apr. 10, 1939**

19. FUNERAL DIRECTOR (NAME) **Math. Hermann & Son**  
(ADDRESS) **2161 East Fair Avenue**

20. FILE **APR 10 1939** **J. F. Brubaker** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Apr. 7, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **March 4th, 1939** to **April 6th, 1939**.  
I last saw him alive on **April 6, 1939** Death is said to have occurred on the date stated above, at **5:30 AM**

The principal cause of death and related causes of importance were as follows:  
**Chronic Myocarditis**  
**Arteriosclerosis**

Other contributory causes of importance:  
**None**

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ....., 19...  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify .....  
(Signature) **W. S. McCall**, M. D.  
(Address) **2806 Hadley St. Des Moines**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Henry Hampton*  
Licensed Embalmer No. *2967*  
P. O. Address *2161 E. Fair.*

**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 this body is not embalmed, above space should be left blank.**