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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19886

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 4834

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3957 Botanical Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3957 Botanical Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 65 years.

3. (a) PRINT FULL NAME Ernst Hasselkuss 242

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race Whtie

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Blanche Hasselkuss

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased January 11, 1866 (Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 20 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country) 6

10. Usual occupation Grocer Retired

11. Industry or business

FATHER
12. Name Karl Hasselkuss
13. Birthplace (City, town, or county) Germany (State or foreign country) 6

MOTHER
14. Maiden name Lena Baker
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Otto Hasselkuss
(b) Address 3957 Botanical

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/40 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Pk Cm.

18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) JUN 3 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1940 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 22-1940 June 1 1940 to June 1 1940 that I last saw him alive on May 31 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis chr	not known
nephritis chr	
Due to: Arteriosclerosis General	not known
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Robert G. Marner (M. D. or other)
Address 1115 Paul Brown Bl. Date signed June 1-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Robt Warner
Paul Brown Bldg.
ch 4747

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 [signature]

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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