S. No. 2
M—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11964

Registration District No. 784 Primary Registration District No. 2A Registrar's No. 815

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 4/4/42. (Specify whether In this community since 4/4/42. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois. (b) County 997.

(c) City or town Nashville 11 (If outside city or town limits, write "RURAL")

(d) Street No. 402 So. Mill Street 0 (If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Julius HASSLER

3. (b) If veteran, name war World War - 1918

3. (c) Social Security No. Yes - not remembered

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Kate

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased June (Month) 4. (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
47	10	6	hr. min.

9. Birthplace Nashville. (City, town, or county) Illinois. (State or foreign country)

10. Usual occupation Mail Carrier

11. Industry or business

FATHER
12. Name Fred Hassler
13. Birthplace (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant M. Schilling

(b) Address Clinical Clerk, VAF, Jeff.Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/13/42 (Month) (Day) (Year)

(c) Place: burial or cremation Nashville Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington

19. (a) APR 11 1942 (Date received local registrar) (b) E. J. McSorran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th, year 1942 hour 10:35 minute a.M.

21. I hereby certify that I attended the deceased from April 4, 1942 to April 10, 1942 that I last saw him alive on April 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hodgkin's Disease.	Unknown
Due to -	
Due to -	
Other conditions Anemia, secondary. (Include pregnancy within 3 months of death)	

Major findings:
Of operations -
Of autopsy Autopsy refused.

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) no

(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 L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer. Date signed 4/10/42.

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(Licensed Embalmer's Statement on Reverse Side)

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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, fact should be so stated above.