

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34815**
Registrar's No. **8710**

FILED OCT 24 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 9
d. FULL NAME OF HOSPITAL OR INSTITUTION HAMILTON MEDICAL CENTER		e. STREET ADDRESS (If rural, give location) 16 2815 PENNSYLVANIA 216 b	

3. NAME OF DECEASED (Type or Print) a. (First) RENA b. (Middle) RIKA c. (Last) HASTERLIK	4. DATE OF DEATH OCT. 4, 1955 (Month) (Day) (Year)							
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APR. 24, 1888	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) INDIANA		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME LOUIS LOEB	13b. MOTHER'S MAIDEN NAME UNK.	14. NAME OF HUSBAND OR WIFE DAVID HASTERLIK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. UNK.	17. INFORMANT'S SIGNATURE OR NAME DAVID HASTERLIK
		ADDRESS 2815 PENNSYLVANIA

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic Sarcoma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		156:1	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Liver Biopsy showed advanced Sarcoma of liver	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug 3, 1953**, to **Oct 4, 1955**, that I last saw the deceased alive on **Oct 3, 1955**, and that death occurred at **12:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Dorcas A. Hester	(Degree or title)	23b. ADDRESS 3606 Morris Ave	23c. DATE SIGNED 10-5-55
24a. SERIAL CREMATION (Specify)	24b. DATE 10/6/55	24c. NAME OF CEMETERY OR CREMATORY MT. SINAI CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MISSOURI
DATE REC'D BY LOCAL REG. OCT 6 1955	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE HERMAN RINDSKOPF INC. 5216 DELMAR BL.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *J. Dubouillet*

Licensed Embalmer No. *36*

P. O. Address *Howe*

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.