

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

Do not use this space.

3768

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 11203
City St. Louis Mo. (No. 3353 B. Indiana Ave.)

File No.....
Registered No. 724
St. Ward)

2. FULL NAME Henry A. Hassler

(a) Residence, No. 3353 B. Indiana Ave. St., 24 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5 - 1877.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 4 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Fridge Handler
9. Industry or business in which work was done, as silk mill, 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) Ill.

FATHER 13. NAME Fred Hassler

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

MOTHER 15. MAIDEN NAME Susa Schoefer

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

17. INFORMANT (ADDRESS) Sophia Hassler
3353 B. Indiana Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE Jan. 21st. 1933

19. UNDERTAKER (ADDRESS) Ziegenhain Bros.
216 1/2 S. Cherokee St.

20. FILED Jan 24 1933 Max C. Farley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 19 - 1933

22. I HEREBY CERTIFY That I attended deceased from Nov 15, 1932, to Jan 19, 1933

I last saw him alive on Jan 18, 1933. Death is said to have occurred on the date stated above, at 10:00 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset

1932

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no.

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?.....

If so, specify Arubrud Jaungman, M. D.
(Signed).....
(Address) 460 1/2 Grandis St. Louis

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.

