

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

N. B.—Every item of information should be carefully spelled. 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.

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

PLACE OF DEATH
County _____
Township _____
or
Village _____
or
City St. Louis (NO. 2602 Natural Bridge Blvd. 19 Ward)

Registration District No. 791 File No. 15264
03 Registered No. 3771

FULL NAME William Hasamear

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED married WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH July 24, 1868
(Month) (Day) (Year)

AGE 46 yrs. 10 mos. 1 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Wire Rope Maker
(b) General nature of industry, business, or establishment in which employed (or employer) Liescher Wire Rope factory

BIRTHPLACE (City or town, State or foreign country) St. Louis

PARENTS
NAME OF FATHER William Hasamear
BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany
MAIDEN NAME OF MOTHER do not know
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Josephine Hasamear
(ADDRESS) 2602 Natural Bridge Road

Filed MAY 26 1910 H. Wheeler Bond REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March, 1910, to May 25, 1910, that I last saw him alive on May 24, 1910, and that death occurred, on the date stated above, at 9 a.m. The CAUSE OF DEATH* was as follows:

Locomotor Ataxia

80
(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (Secondary) _____
(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) C. W. Schump M. D.
1417 N. Market (Address) 2302 Salisbury

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Friederichs Cemetery DATE OF BURIAL May 27th 1910

UNDERTAKER Henry Leidner ADDRESS 1417 N. Market St.