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

Do not use this space.

2977

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. .....

Registered No. 565

City St. Louis (No. 1020 Louisville St. ..... Ward)

2. FULL NAME George Kassling

(a) Residence. No. 1020 Louisville St., 4 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Edna Klosterman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7-25-1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
48	5	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Div. freight Agent.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer: M. P. R. R.

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER: William Kassling
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER: Earnestine Biding
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT: Edward Kassling
(Address) 1020 Louisville

15. FILED JAN 16 1928, 19 Mar C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 16 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1926, to to Jan 16, 1928 that I last saw him alive on Jan 15, 1928, and that death occurred, on the date stated above, at 2.10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Raynaud's Disease.
936
98A
102 (duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY): Arterial Hypertension - Myocarditis chronic (duration) 1 yrs. ..... mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Geo. A. Mellies, M. D
Jan 16, 1928 (Address) 2917 St Louis Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Cem.
DATE OF BURIAL: Jan 18 1928

20. UNDERTAKER: Alexander & Sons
ADDRESS: 6175 Delmar

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.