

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

Do not use this space.

38278

1. PLACE OF DEATH

County.....
Township.....
City..... ST. LOUIS, MO. (No....., Ward.....)

Registration District No. 701
Primary Registration District No. 1003

File No.....
Registered No. 10879 St..... Ward.....

2. FULL NAME FRED. WILLIAM KASSING.

(a) Residence. No. 4418a FARLIN AVE. St. 10 Ward.....
(Usual place of abode) (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) Widower.
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Kassing.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/28/1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.	
				<u>79</u>	<u>2</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Plasterer.
(b) General nature of industry, business, or establishment in which employed (or employer) Retired.
(c) Name of employer

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

10. NAME OF FATHER Jobst Kassing.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknwn.
(STATE OR COUNTRY)

14. INFORMANT Walter W. Kassing
(Address) 4418a Farlin Ave

15. FILED 7 1928 Max C. Stankov REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) II/8/28/ 19

17. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1928 to Nov. 5, 1928
that I last saw him alive on Nov. 5, 1928, and that death occurred, on the date stated above, at 8:15 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

13A
Arterio sclerosis
(duration) 1 yrs. 1 mos. 1 ds.

CONTRIBUTORY (SECONDARY) Acute myocarditis
(duration) 1 yrs. 1 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED At home
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH No DATE OF.....
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Charlton's syndrome
(Signed) H. H. Helbing, M. D.
, 19 (Address) 4965 Fountain 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 Bethlehem. DATE OF BURIAL II/8/28 19

20. UNDERTAKER Provoch and Co ADDRESS 3710 N. Grand

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.

