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

Do not use this space.

38888

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11554

City St Louis (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Paul R. Kassing

(a) Residence. No. 4330 Taft Av St., 15 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 29. 1888

7. AGE: Years 40 | Months 9 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: P. O. Clerk 126 1111
(b) General nature of industry, business, or establishment in which employed (or employer): 1181
(c) Name of employer:

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

PARENTS

10. NAME OF FATHER: Fred H. P. Kassing
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St Louis Missouri
12. MAIDEN NAME OF MOTHER: Emma Pauls
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St Louis Missouri

14. INFORMANT: Alma Kassing
(Address) 4330 Taft Av

15. FILED 27, 1928 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 4

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1928, to Nov 25, 1928 that I last saw him alive on Nov 25, 1928, and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Streptococcic Tonsilitis non Diphtheritic

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY): Acute Obstruction Bowels from Acute Pancreatitis

(duration) yrs. mos. 2 ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 24

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy & Operation

(Signed) Adam G Youngman M. D

11/26, 1928 (Address) 5439 Gravois

*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: St Pauls Churchyard | DATE OF BURIAL: Nov 28 1928

20. UNDERTAKER: Hoffmeister U. & Co. | ADDRESS: 7814 So Broadway

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.

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

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