

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

Do not use this space.

2680

1. PLACE OF DEATH

County.....

Registration District No. 791
1003

File No.

Township.....

Primary Registration District No.

Registered No. 108

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

2. FULL NAME

Betty Jewel Kasper

(a) Residence. No. 3530 Oxford St. Ward. Maplewood Mo.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 17 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 5 - 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 10 29

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Maplewood Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER F. P. Kasper

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

12. MAIDEN NAME OF MOTHER Edna B. Worley

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

14. INFORMANT F. P. Kasper
(Address) 3530 Oxford Ave

15. FILED JULY 1 1930 Ray C. Farley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 3 1930

17. I HEREBY CERTIFY, That I attended deceased from 12-15 1929 to 1-3 1930, and that that I last saw him alive on 1-3 1930, and that death occurred, on the date stated above, at 330 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

meninges simple 87B
metabolic sepsis 13711
Pyelitis acuta 79A
(duration) yrs. mos. ds.
metabolic acuta
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home

IF NOT AT PLACE OF DEATH, DATE OF

DID AN OPERATION PRECEDE DEATH? yes

WHAT TEST CONFIRMED DIAGNOSIS? No

(Signed) Oliver F. Schuler, M. D.
19 (Address) 810 Metropolitan Bldg

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 Cath Hill DATE OF BURIAL Jan 5 1930

20. UNDERTAKER Parker and Co ADDRESS Webster
St Louis

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.

WRITE PLAINLY, WITH UNFADING INK

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33
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