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

Do not use this space.

34485

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8633

Township ..... Primary Registration District No. 003 Registered No. 8633

City St Louis (No. City Hosp. St. ..... Ward)

2. FULL NAME John Kasing 8515

(a) Residence, No. 3923 Parnell St. Ward. 10
(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 M

4. COLOR OR RACE Co

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7 1857

7. AGE YEARS 76 MONTHS 6 DAYS 26 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Henry Kasing

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

MOTHER

15. MAIDEN NAME Minnie ?

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

17. INFORMANT (ADDRESS) Hosp Int M. Dept City Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Bethlehem Ky DATE Oct. 6. 1933

19. UNDERTAKER (ADDRESS) Seiderwieden Funeral Home Inc 1936 St. Louis Ave

20. FILED OCT - 4 1933 19 J F Biedeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-23, 1933, to 10-3, 1933

I last saw her alive on 10-3, 1933. Death is said to have occurred on the date stated above, at 1 A.m.

The principal cause of death and related causes of importance were as follows:

Chr pyelonephritis
Chr myocarditis
137
93C
133A

Date of onset

Other contributory causes of importance:

Benign hypertrophy
3 prostate

Name of operation prostatectomy Date of 9-15-33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. Macnab, M. D.

(Address) City Hosp #1

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

MARGIN RESERVED FOR BINDING

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.

NOV 10 1933

V. S. No. 2