WHITE 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.

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

OCT 24 1934

Do not use this space.

34837

1. PLACE OF DEATH

County St Louis Co. Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6248 A Registered No. 343

City Jefferson (No. 103 Nellie Ave St. Ward)

2. FULL NAME Thelma Casper

(a) Residence, No. 103 Nellie Ave St., 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: female

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: David Casper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 30 1890

7. AGE: Years 43 Months 11 Days 24 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation

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

FATHER

13. NAME: Frank Kubitz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): David Casper 103 Nellie Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bel Clair DATE 9-26 1934

19. UNDERTAKER (ADDRESS): Tendly Bros. Co. 7819 Hunting ave

20. FILED 9-24 1934 Otto Wade M.D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 23 1934

22. I HEREBY CERTIFY, That I attended deceased from July 7 1934, to Sept 23 1934

I last saw h... alive on Sept 23 1934 Death is said to have occurred on the date stated above, at 3 P.M.

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

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Arteriosclerosis.

Name of operation ..... Date of .....

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) Edward J. McGrath, M. D.

(Address) 8607 Delmar St