

DEC 23 1934

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

Do not use this space.

40732

1. PLACE OF DEATH

County.....

Registration District No. 7901

Township.....

Primary Registration District No. 1002

City.....

(No. Josephine Hospital)

File No. 10668

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. 3861 Lafayette Ave. 17. 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16 - 1850		
7. AGE	YEARS 84	MONTHS —
	DAYS 20	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home	11. Total time (years) spent in this occupation.
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
FATHER	13. NAME Aug. Kasse	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
MOTHER	15. MAIDEN NAME unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown	
17. INFORMANT (ADDRESS) Otto Hirsch 3861 Lafayette Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Mo. DATE 11-7-1934		
19. UNDERTAKER (ADDRESS) Peats Bros. 3024 Lafayette		
20. FILED -6 1934 19 J. Prudek Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5-1934
22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1934, to Nov. 5, 1934. I last saw him alive on Nov. 5, 1934. Death is said to have occurred on the date stated above, at 9 a. m. The principal cause of death and related causes of importance were as follows: Acute bowel obstruction caused from Adeno-Carcinoma of recto sigmoid junction. Other contributory causes of importance: Myocardial Chronic Sclerotic.
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....
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) Dr. McLeanon, M. D. (Address) 3902 Lafayette

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.

