FEB 24 1936

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

Do not use this space.

2688

1. PLACE OF DEATH
County St. Charles Registration District No. 759 File No.
Township Callaway Primary Registration District No. 6000 Registered No. 1
City Cappelen (No. St. Ward)

2. FULL NAME Fritz Kasten
(a) Residence. No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 10, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	69	1	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cappelen, Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Julius Kasten
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Louise Meier
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cappelen
(STATE OR COUNTRY) Mo

14. INFORMANT Emil Schmidt
(Address) Foristell Mo

15. FILED 1-19, 1936 O. A. Muehlm
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17th 1936

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1934 to Jan 17th, 1936 that I last saw him alive on Jan 6, 1936 and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Heart disease arteriosclerosis
(duration) Mo yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED At home
IF NOT AT PLACE OF DEATH At place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF No operation
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Previous history physical examination
(Signed) Benjamin Brandt, M. D.
1/19, 1936 (Address) Foristell Mo

*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	DATE OF BURIAL
Cappelen Mo.	1-20 1936
20. UNDERTAKER	**ADDRESS**
Claude E. McElhiney	New Melle Mo

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—THIS IS A PERMANENT RECORD