

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

Do not use this space.

MAY 21 1936

21019

1. PLACE OF DEATH

County St. Louis,Registration District No. 791Township No.Primary Registration District No. 1008City No.(No. 6960 Cleatha)File No. 5224Registered No. 5224St. 3 Ward2. FULL NAME Frank L. Rascher(a) Residence, No. 6960 Cleatha St. 3 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 <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
EMMA RASCHER Emma Rascher6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9, 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>82</u>		<u>9</u>	<u>6</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Contractor</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Building</u>
	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) Germany13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Son (Alfred L. Rascher)
(ADDRESS) 6960 Cleatha

18. BURIAL, CREMATION, OR REMOVAL

PLACE Now Pickers Com. DATE May 18, 193619. UNDERTAKER Mullen Bros.
(ADDRESS) 4250 Lindell Blvd20. FILED MAY 15 1936 J. A. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15, 193622. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1935, to 5-15, 1936, 1936I last saw him alive on 5-15, 1936. Death is saidto have occurred on the date stated above, at 12:15 p.m.

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

Chc. Myocarditis Date of onsetChc. NephritisOther contributory causes of importance:
Senility

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 _____, 1936

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? no

If so, specify _____

(Signed) J. J. Dyer, M. D.(Address) 2001 Cherokee

