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.

JUL 14 1936

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

Do not use this space.

24890

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. ..... Registered No. 6546

City St. Louis (No. City Hospital No. 1 St. ..... Ward)

B. 3324

2. FULL NAME John Rasp

(a) Residence, No. 5427 Geneveive St. Ward. 7 (If nonresident, give city or town and State)
(Usual place of abode)

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: male

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: Ida Rasp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 16, 1874

7. AGE: ~~64~~ 62 YEARS, MONTHS: 2, DAYS: 10. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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, Missouri

FATHER

13. NAME: Mathias Rasp

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Hosp. Info, M.H. Kent, City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL: PLACE New St. Marcus Cem. DATE June 29th 1936

19. UNDERTAKER (ADDRESS): Drehmann Vaval, 1905 Union Blvd.

20. FILED JUN 29 1936 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/26/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/5/36, 19, to 6/26/36, 19

I last saw him alive on 6/26/36, 19 Death is said to have occurred on the date stated above, at 10:45 p

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

Left internal capsule, cerebral hemorrhage & subdural hemorrhage

Date of onset

Other contributory causes of importance: 82a

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

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Thos W. Soam, M. D.

(Address) City Hospital N