

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

Do not use this space.

MAY 31 1937

17459

1. PLACE OF DEATH
 94 County St. Francois Registration District No. 773
 Township St. Francois Primary Registration District No. 6018A
 Near City Farmington (No. 4) St. _____ Ward _____

2. FULL NAME Antonia Kasel
 (a) Residence No. Washington, Mo. St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Charles Kasel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 61 11 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Holstein
 (STATE OR COUNTRY) Missouri

MOTHER FATHER
 13. NAME Rudolph Herman Ritter
 14. BIRTHPLACE (CITY OR TOWN) Warren County
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Antonia Clara Ruge
 16. BIRTHPLACE (CITY OR TOWN) Franklin County
 (STATE OR COUNTRY) Missouri

17. INFORMANT Hospital Records
 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Washington, Mo. DATE April 7, 1937

19. UNDERTAKER Otto & Company
 (ADDRESS) Washington, Missouri

20. FILED Apr 6, 1937 B. J. Robinson
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 4, 1933 to April 6, 1937
 I last saw h. or alive on April 5, 1937 Death is said to have occurred on the date stated above, at 12:30 A.M.

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

Cerebral Hemorrhage Date of onset Sept 8-37
Arteriosclerosis, generalized & impeded last 4-6-37
Psychosis with Cerebral Arteriosclerosis 9/27/32

Name of operation None Date of the
 What test confirmed diagnosis: Clinical 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? No
 If so, specify _____
 (Signed) C. C. Ault, M. D.
 (Address) Farmington, 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.

