

SEP 10 1937

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

29461

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis (d) Street No. 6815 Nashville Ave. St. 791
(If death occurred in Hospital or Institution, write its name instead of street and number) 1003
(e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 55 yrs. mos. ds.

Registered No. 80942. PRINT FULL NAME Herman Cassel

(a) Residence, No. 6815 Nashville Ave. St. 4
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tina Cassel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 72 9 28

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

9. Industry or business in which work was done, as saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation:.....

12. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Germany

13. NAME Isadore Cassel

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

15. MAIDEN NAME Dorothy Levine

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

17. INFORMANT Albert A. Cassel
(ADDRESS) 6815 Nashville

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Sinai Cem. DATE Aug. 29 1937

19. FUNERAL DIRECTOR Herman Rindstedt
(ADDRESS) 5216 Delmar Blvd.

20. FILE AUG 28 1937 J. S. Brebeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28 1937

22. HEREBY CERTIFY, That I attended deceased from 7-30, 1937, to 8-26, 1937

I last saw him alive on 8-26, 1937. Death is said to have occurred on the date stated above, at 5 p.m.

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

Chronic myocarditis ?
Date of onset ?

Other contributory causes of importance:

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

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).....

(Address).....

STATEMENT BY LICENSED EMBALMER

I, Herman Rindskopf

Licensed Embalmer No. 2207

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. 2207

or by

Registered Apprentice No.

working under my personal supervision.

Signed

Herman Rindskopf

Licensed Embalmer No. 2207

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)