

NOV 17 1938  
NOV 19 1938

DEC 8 1938

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

40299  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis. Registration District No. 784  
 (b) Township Deshaec. Primary Registration District No. 200  
 (c) City Eureka, (d) Street No. Eureka, Mo. R. # - 1 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 44 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Chris P. Dascher  
 (a) Residence, No. Eureka, Mo. R. # - 1 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Sena Dascher  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 21 - 1880  
 7. AGE YEARS 58 MONTHS 6 DAYS 27 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Own farm  
 10. Date deceased last worked at this occupation (month and year) 11 - 18 - 1938 11. Total time (years) spent in this occupation 40  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.  
 FATHER 13. NAME Christian Dascher  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 MOTHER 15. MAIDEN NAME Sophia Kroner  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 17. INFORMANT (ADDRESS) Robert Dascher  
Eureka, Mo. R. # - 1  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetery  
Pond, Mo. DATE Nov. 21 - 1938  
 19. FUNERAL DIRECTOR (ADDRESS) Schradler Funeral Home  
Ballwin, Mo.  
 20. FILED NOV 19 1938 19 J. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18 - 1938 19  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8: P. a. m.  
 The principal cause of death and related causes of importance were as follows:  
Suicide by firearms 11/18/38  
167  
 Other contributory causes of importance:  
Gun shot wound of the head 11/18  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis physical signs an autopsy no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide suicide Date of injury 11/18/38  
 Where did injury occur? Eureka, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Home (in barn)  
 Manner of injury gunshot - suicide  
 Nature of injury gunshot wound of head  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) John O'Connell M. D.  
Coroner of St. Louis County, 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.

RECORD - THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I, Theo Schrader, Licensed Embalmer No. 3066

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

Theo Schrader L. E.

No. 3066 or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Theo Schrader

Licensed Embalmer No. 3066

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.)