

JAN 11 1938

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

41408
Do not use this space.

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1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis (d) Street No. Alexian Brothers Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(c) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jacob Kasper

(a) Residence, No. 7601 Vermont ave. St. 1
(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) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 3 17

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

12. BIRTHPLACE (CITY OR TOWN) Oakville, Mo. 0
(STATE OR COUNTRY) St. Louis Co., Mo.

FATHER 13. NAME Mike Kasper 9

FATHER 14. BIRTHPLACE (CITY OR TOWN) Unknown 9
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown Seib

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

17. INFORMANT E. M. Kasper
(ADDRESS) 7601 Vermont ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Mausoleum DATE Dec. 27 1938

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway

20. FILED DEC 27 1938 J. D. Brudeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1938, to Dec 24 1938
I last saw him alive on Dec 7 1938. Death is said to have occurred on the date stated above, at 10.00 A. M.
The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis Date of onset death
Ch. nephritis death

Other contributory causes of importance:
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) O. J. G. [Signature] M. D.
(Address) 7601 Vermont

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.

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STATEMENT BY LICENSED EMBALMER

I, Geo. W. Hoffmeister Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Linus C Hoffmeister # 387

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Geo. W. Hoffmeister
Licensed Embalmer No. 2426

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.)