

MAY - 9 1939

REC'D JUN 8 1939

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

19829

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township Big Bend Primary Registration District No. 117 Registered No. 842  
(c) City Webster Groves (d) Street No. 1031 W Big Bend 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 yrs. mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ELEANOR DOROTHY KASCH

(a) Residence, No. 1031 W Big Bend 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Walter Kasch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 27 - 1910</u>		
7: AGE	YEARS <u>28</u>	MONTHS <u>5</u>
	DAYS <u>10</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at Home</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>7</u>
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alden New York</u>	
	13. NAME <u>Frank Weber</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Taunshing New York</u>	
	15. MAIDEN NAME <u>Mildred Lynch</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brunswick</u>	
17. INFORMANT (ADDRESS) <u>Walter Kasch 1031 W Big Bend</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill</u> DATE <u>May 9 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Baker, Ind Co Webster Groves</u>		
20. FILED <u>MAY - 9 1939</u> <u>D. R. Meyer</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1939 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 7:30 AM

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

Suicide by illuminating gas 5/7/39

Other contributory causes of importance: 164

Asphyxiation

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? physical signs here an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 5/7/39Where did injury occur? Oakland Village, Mo. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. HomeManner of injury Choking from gas outlet to noseNature of injury asphyxiation; suicide24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_

(Signed) John J. Linnell, M. D.

CORONEE of St. Louis County, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WHILE EXACT, WITH OBTAINING INFORMATION 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.

I X18605

AUG 17 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*C. C. Aldrich*....., Registered Apprentice No. *1*  
working under my personal supervision.

Signed *C. C. Aldrich*.....

Licensed Embalmer No. *1332*.....

P. O. Address *Webster Grove*.....

**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.)**

**If this body is not embalmed, above space should be left blank.**