

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Baptiste Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days.  
(Specify whether  
In this community 3 years.  
years, months or days)

3. (a) PRINT FULL NAME Ray Joseph Kascht  
(b) If veteran, name war None  
(c) Social Security No. 065-10-3772

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Kascht. 6. (c) Age of husband or wife if alive 37 years  
7. Birth date of deceased Oct, 22. 1899  
(Month) (Day) (Year)

8. AGE: Years 40 Months 5 Days 1  
If less than one day hr. 11 min. 12

9. Birthplace Waterloo, Iowa.  
(City, town, or county) (State or foreign country)

10. Usual occupation Pharmaceutical Detail Man

11. Industry or business Ciba Pharmaceutical Co.

MOTHER FATHER  
12. Name Bernard H. Kascht.  
13. Birthplace Iowa.  
(City, town, or county) (State or foreign country)  
14. Maiden name Amv Dorothy Euelen  
15. Birthplace Brooklyn, Iowa.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs R. J. Kascht  
(b) Address 15 Greendale Drive.

17. (a) Burial (b) Date thereof March 25. 40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of Russell Nicholas  
(b) Address 1431 Union Blvd.

19. (a) MAR 25 1940 (b) J. F. Bodech  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis WELLS TON  
(If outside city or town limits, write "RURAL")  
(d) Street No. 15 Greendale Drive. N.R.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 23  
year 1940 hour 3.0 minute 00 a. . . M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I first saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at the date and hour stated above.

Immediate cause of death Death by Duration \_\_\_\_\_  
Barbituric acid  
poisoning taken by  
deceased to induce  
Due to sleep at his home #15

Other conditions (including pregnancy within 3 months of death) Greendale Drive St. Louis City

Major findings: on March 20-1940 Underline the cause to which death should be charged statistically.  
Of operations \_\_\_\_\_  
Of autopsy fact time unknown  
accident

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 3/23/40  
(c) Where and how injury occur? St. Louis City  
(City or town) (County) (State)  
(d) Did injury occur in or about home, farm, in industrial place, in public place? Home  
(Specify type of place) (Specify means of injury)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address [Signature] Date signed 3-25-40

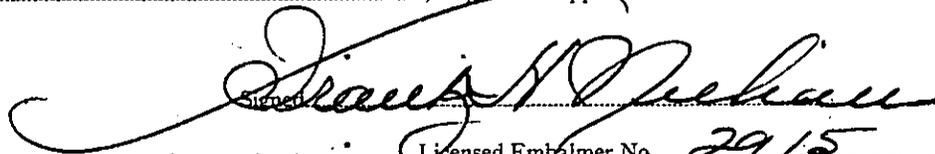
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**STATEMENT BY LICENSED EMBALMER**

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

....., Registered Apprentice No.....  
working under my personal supervision.

Signed 

Licensed Embalmer No. 2915

P. O. Address.....

**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.**