

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3421 Wyoming St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

FILED DEC 21 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3421 Wyoming
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mary Rasbach

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Peter Rasbach

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 30, 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

85 9 18 _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name ? Zintel

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Winter

(b) Address 3421 Wyoming St. St. Louis

17. (a) Burial (b) Date thereof 11/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cm.

18. (a) Signature of funeral director Weick Bros. Und. Co

(b) Address 2201 S. Grand Bl.

19. (a) NOV 19 1940 (b) J. F. [Signature]
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17
year 1940 hour 7 minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1939 to Nov 17, 1940
that I last saw her alive on Nov 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Rt. lower lobe
lobar

Due to myocarditis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
Means of injury _____

23. Signature John A. Berger (M. D. or other) M. D.
Address 3115 So Grand Date signed 11/18/40

Duration

5 days

5 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

*for [unclear]
Resident [unclear]
Belle*

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 *Nancy Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette S

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, fact should be so stated above.