

o. 2  
13-40  
7-39  
X23159

**FILED JAN 15 1941**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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: 2  
4243 Laclede Ave.  
(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

3. (a) PRINT FULL NAME Richard Rasch

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Late Ida J. Rasch 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 22nd 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New Jersey  
(City, town, or county) (State or foreign country)

10. Usual occupation Hardware Merchant

11. Industry or business \_\_\_\_\_

12. Name Albert Rasch

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Teresa Bornemann

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amy Jones

(b) Address 4243 Laclede Ave.

17. (a) Burial (b) Date thereof 12-11-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) DEC 9 1940 (b) J. F. Buchler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis 19  
4243 Laclede Ave.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th  
year 1940 hour 1:30 minute P.M. M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from May  
1, 1940, to Dec 8 - 1940  
that I last saw him alive on Dec 7, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
(acute) 3 wks  
Myelomatosis (chronic) 1 yr.

Other conditions Rachitis (chronic)  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
3 wks  
1 yr.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. W. ... (M. D. or other) \_\_\_\_\_  
Address 3532 Washington Date signed 12/9/40

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

MOTHER FATHER

3532 Washington Ave / 2 - E

**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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

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, fact should be so stated above.**