No. 2
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FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22804

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1238

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural Carondelet (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sappington Mo. R.R.6 Box 1240 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. Sappington? Mo. R.R. 6 #1240 (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? 50 0 years.

3. (a) PRINT FULL NAME Joseph F. Jaschke

3. (b) If veteran, name war

3. (c) Social Security No. 707-16-2939

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Marie McShane

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased September (Month) 26 (Day) 1876 (Year)

8. AGE: Years 64 Months 8 Days 16 If less than one day hr. min.

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

10. Usual occupation Railroad man

11. Industry or business Freight Dept.

FATHER
12. Name Karl Jaschke
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Marie Jaschke

(b) Address Sappington, Mo. R.R. 6 #1240

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-41 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem. Kirkwood

18. (a) Signature of funeral director John L Zugenheim & Sons

(b) Address 7027 Gravois Ave.

19. (a) JUN 13 1941 (Date received local registrar) (b) D. R. Meyer M.D. Dr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1941 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 12, 1941, to June 12, 1941 that I last saw him alive on June 12, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 24 hrs

Due to

Due to 8361

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 Frank E. Murphy (M. D. or other) Rm. 10

Address 8513 Gravois Date signed 6/13/41

(Licensed Embalmer's Statement on Reverse Side)

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 E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Grayson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.