

FILED AUG 28 1941 9 1  
Registration District No.

Primary Registration District No. 1003

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

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:  
3345 Virginia Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 42 years / (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Raster  
(b) If veteran, name war --- (c) Social Security No. A97-07-6364

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
8. (b) Name of husband or wife Kate 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased February 8, 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 5 6 hr. min.

9. Birthplace: Unknown Austria 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Bear Bottler

11. Industry or business Busch Brewery

MOTHER FATHER { 12. Name Frank Raster  
18. Birthplace Unknown Austria 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Kate Raster  
(b) Address 3345 Virginia Ave.

17. (a) Burial (b) Date thereof 7/17/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation N.S.S. Peter & Paul

18. (a) Signature of funeral director Wacker - Welderte  
(b) Address 3634 Gravois Ave.

19. (a) JUL 16 1941 (b) J. F. Raster  
(Date received local registrar) (Registrar's signature)

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. 3345 Virginia Ave.  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month July day 14  
year 1941 hour 3 minute 30 P.A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

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

Immediate cause of death: Coronary Occlusion  
Contract: Phonic, Diaphragm  
Nephritis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Duration  
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 Wacker - Welderte (M. D. or other) 3  
Address 3634 Gravois Ave. Date signed 7/16/41

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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..... *Robert Wheeler*

Licensed Embalmer No. *2178*

P. O. Address. *Arkness MD*

**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.**