

S. No. 2
-1-4-41
5-17-39
PI X23390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30278

State File No. _____

FILLED OCT 18 1941

Registrar's No. 7617

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:
2127 Salisbury Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: City Hosp #1 (Specify whether
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 20 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2127 Salisbury Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
Attending Physician

3. (a) PRINT FULL NAME HARRY KASTING

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20th
year 1941 hour 10 minute 00 P. A. M.

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

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

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

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

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

Immediate cause of death Pulmonary Tuberculosis Duration _____

7. Birth date of deceased About 1895
(Month) (Day) (Year)

Pulmonary Hemorrhage

8. AGE: Years About 46 Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to _____

9. Birthplace Madison County, Illinois
(City, town, or county) (State or foreign country)

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

10. Usual occupation Laborer

Major findings: _____
Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name William Kasting

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

14. Maiden name Mary Becker
(City, town, or county) (State or foreign country)

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

16. (a) Informant Joe Becker
(b) Address 2120 Benton, Granite City, Ill.

17. (a) Burial (b) Date thereof Sept. 23, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Wm C Moydell
(b) Address 1926 Allen Avenue

19. (a) SEP 22 1941 (b) J. Budick
(Date received local registrar) (Registrar's signature)

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

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) (e) Means of injury _____

23. Signature Alfred Perry (M. D. or other) 3
Address Depue, Mo Date signed 9/22/41

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

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00
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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

Benj. C. Duncan

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

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.