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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 24 1942  
 Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **728**

**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: St. Louis City Hospital #1 D  
 (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)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Ozanum Shelter 3200 Montgomery  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Christ Kaslin  
 (b) If veteran, None name war \_\_\_\_\_  
 (c) Social Security None No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month January day 23  
 year 1942 hour 11 minute 10 a. M.  
**21. I hereby certify that I attended the deceased from** \_\_\_\_\_  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased June 9 1867  
 (Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Coronary Sclerosis  
Atherosclerosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

**8. AGE:** Years 74 Months 7 Days 14  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**Major findings:** gla  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

9. Birthplace Switzerland  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation NIL

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name Meinard Kaslin  
 13. Birthplace Switzerland  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Theresa Kaslin  
 15. Birthplace Switzerland  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. Strathmann  
 (b) Address 3619 a Gasconade ave.  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24, 42  
 (Month) (Day) (Year)

**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? \_\_\_\_\_

(c) Place: burial or cremation New St. Peter & Paul Cem  
 18. (a) Signature of funeral director: W. Hoffmeister and Co.  
 (b) Address 7814 S. Broadway  
 19. (a) 1942 (Date received local registrar) (b) J. F. Medear (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ means of injury \_\_\_\_\_  
 23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed 1/23/42

84 K (Licensed Embalmer's Statement on Reverse Side)

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

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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..... *Louis C. Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S Broadway*.....

**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.**