DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 736216709

FILED MAY 19 1942

Registration District No. 791 Primary Registration District No. 100 Registrar's No. 4181

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. Anthony's Hospital (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 Missouri (b) County 94

(c) City or town Doe Run N.R. 0 (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.? 1 years.

3. (a) PRINT FULL NAME Jimmy Dale KASSABAUM

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 7 (Day) 1942 (Year)

8. AGE: Years | Months | Days | If less than one day

Pre-mature Birth 6 hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Earnest Kassabaum
13. Birthplace Farmington (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ruth Arnold
15. Birthplace Flat River (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Ruth Kassabaum

(b) Address 3647 Shenandoah, St. Louis, Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof May (Month) 7 (Day) 1942 (Year)

(c) Place: burial or cremation Doe Run, Mo.

18. (a) Signature of funeral director Neidert

(b) Address Farmington Mo.

19. (a) MAY 12 1942 (Date received local registrar) (b) J. F. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1942 hour 12 minute m M.

21. I hereby certify that I attended the deceased from May 8 42 to May 8 42 that I last saw him alive on May 8 42 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature birth - 5½ months	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 157	
Major findings: Of operations	
Of autopsy	

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 H B D Pew (M. D. or other) Mo.

Address 1446 S. Grand Date signed May 8 1942

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

1817

1817

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. Burl J. Miller Embalmer

Licensed Embalmer No. 3752

P. O. Address Farmington, Mo.

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.