

FILED OCT 6 1942 318

Registration District No.

Primary Registration District No.

Registrar's No. 7941

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:
Mo. Baptist Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 25 Da.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Websters Grove
(If outside city or town limits, write "RURAL")
(d) Street No. 729 Yale
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Ronald Leo Kassler

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 Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 29 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- 1 25 hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business

12. Name Erich Kassler
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Virginia Drury
15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Erich Kassler
(b) Address 729 Yale Webster Grove Mo.

17. (a) Burial (b) Date thereof 9-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director J. Schumacher
(b) Address 3013 Meramec St.

19. (a) SEP 24 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23rd.
year 1942 hour 6 minute 45 P. M.
21. I hereby certify that I attended the deceased from July 29
1942 to Sept 23 1942
that I last saw him alive on Sept 23 1942
and that death occurred on the date and hour stated above.

Duration
Immediate cause of death
Due to Pyloric Stenosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
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?
While at work? (Specify type of injury)
23. Signature J. F. Brudick (M. D. or other)
Address 3720 Washington Date signed

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

MOTHER FATHER

Mr. Henry J. ...
3720 Washington
8-1-12

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 Casence Kochow Registered Apprentice No. _____
working under my personal supervision.

Signed Casence Kochow
Licensed Embalmer No. 3093
P. O. Address 3013 Meramec

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.