

S. No. 2
M. 17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19045

FILED MAY 29 1943

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 1229

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood

(c) Name of hospital or institution: St. Agnes Home 4
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 2 weeks
(If not in hospital or institution, write street number or location)

In this community Birtch (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2047a E. Fair Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Louise B. Kassau

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased: (Month) (Day) (Year)

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

About 75 hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name William Kassau

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

14. Maiden name Charlotte Boehm

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

16. (a) Informant George C. Cooper

(b) Address 2047a E. Fair Ave

17. (a) Burial (b) Date thereof 5/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 25 1943 (b) C. G. McCarver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23,
year 1943 hour 8:00 AM minute 3 M.

21. I hereby certify that I attended the deceased from Jan 1 1942 to May 22 1943,
that I last saw her alive on May 22 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to Senile Arteriosclerosis Single

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No 930

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence

(c) Where did injury occur? No
(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) (a) Means of injury 0

23. Signature William S. Cooper (M. D. or other)

Address Weldon Spring, Mo. Date signed 5/27/43

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

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..... *Francis O. Williamson*

Licensed Embalmer No. *3565*

P. O. Address..... *St Louis 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. Jane C.
Registrar's No. 1229

Registration District No. 317

Primary Registration District No. 3066

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Agnes Home
(If not a hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks
(Specify whether
In this community Rife
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Louise B. Cassau

3. (b) If veteran,
name war.....

3. (c) Social Security
No.....

4. Sex F

5. Color or race W

6. (a) Single, widowed, married,
divorced 3

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

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

8. AGE: Years 75 Months 4 Days 1 If less than one day
min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 5-25-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 2
year 1943 hour 10 minute 00 M.
21. I hereby certify that I attended the deceased from 1943 to 1943,
that I last saw him live on 1943,
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....

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 sta-
tistically.

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)

(b) 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..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

AUG 23 1945

S-19015