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S. No. 2
M-2-43

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26791**

SEP 3 1943

Registration District No. **318**Primary Registration District No. **1003**Registrar's No. **7567**

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 12 Days
 In this community..... 40 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME George Kasper3. (b) If veteran, name war none 3. (c) Social Security No. none4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Louise Kasper 6. (c) Age of husband or wife if alive 48 years7. Birth date of deceased April 12 1890
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
53 4 11 hr. min.9. Birthplace Germany 4
(City, town, or county) (State or foreign country)10. Usual occupation Salesman
11. Industry or business Catholic Publishing Co.12. Name Lawrence Kasper13. Birthplace Germany 4
(City, town, or county) (State or foreign country)14. Maiden name Therese Zeidler15. Birthplace Germany 4
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Louise Kasper(b) Address 4526 Maffitt Ave.17. (a) Burial (b) Date thereof 8-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Hy. Leidner Und. Co.(b) Address 2223 St. Louis Ave.19. (a) AUG 24 1943 J. F. Bredet
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4526 Maffitt Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23,
year 1943 hour 12:30 minute A. M.21. I hereby certify that I attended the deceased from August 12, 1943 to August 23, 1943; that I last saw him alive on August 23, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death.....

Carcinoma of liverDue to Generalized abdominal metastasisDue to metastasisOther conditions.....
(Include pregnancy within 5 months of death)Major findings:
Of operations.....Of autopsy none

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

(a) Accident, suicide, or homicide (specify) none
 (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 place)
Means of injury.....23. Signature William D. Park (M. D. or other)
Address 1515 Lafayette Avenue Date signed 8/23/43

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis av

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. 26791
Registrar's No. 7567

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo

(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(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

3. (a) PRINT FULL NAME George Casper

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex _____ 5. Color or race _____ 6. (a) Single, widowed, married, divorced _____

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	Months	Days	If less than one day
				hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Lawrence Casper

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 Mr. Louise Casper

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 8-24-43 (b) J. Budick

(Date received local registrar) (Registrar's signature)

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. 4526 Moffett
(If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 23
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
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 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 place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

MOTHER FATHER

S-26791