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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1944

Registration District No. 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 8206

Registrar's No. 459

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 207 West Felton
(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 St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 207 W. Felton ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Theodore Casper

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Barbara Casper

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased January (Month) 28 (Day) 1879 (Year)

8. AGE: Years 65 Months 0 Days 20 If less than one day hr. min.

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

10. Usual occupation Excavating

11. Industry or business Bldg. Himself

FATHER
12. Name John Casper
13. Birthplace unknown (City) New York (State or foreign country)

MOTHER
14. Maiden name Catherine Eiler
15. Birthplace unknown (City, town, or county) New York (State or foreign country)

16. (a) Informant Barara Casper
(b) Address 207 West Felton ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23, 44 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director C. Hoffmeister U.&L. Co.
(b) Address 7814 S. Broadway

19. (a) FEB 22 1944 (Date received local registrar) (b) E. J. McGauran, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20 year 1944 hour 10 minute 20 A. M.

21. I hereby certify that I attended the deceased from Feb 13, 1944, to Feb 20, 1944; that I last saw him alive on Feb 20, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar pneumonia	1 week
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 10	
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 Ureldo Ashill (M. D. or other)
Address Lemay R.8 (22) Mo. Date signed 2/21/44

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Franklin, Registered Apprentice No. _____, working under my personal supervision.

Signed Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address 7/480 - 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.