S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36053

State File No.

FILED NOV 22 1944

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9657 16

1. PLACE OF DEATH:

(a) County

(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: Isolation Hospital. (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 11/11/44 to 11/13/44 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cape Girardeau

(c) City or town Cape Giradeau, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 722 Broadway (If rural, give location) NR

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles Kassel.

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Apr (Month) 29 (Day) 1927 (Year)

8. AGE: Years 17 Months 6 Days 14 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Charles Kassel
13. Birthplace Uniontown (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Etta Mowanger
15. Birthplace Millerville (City, town, or county) Mo (State or foreign country)

16. (a) Informant Stella Grady.
(b) Address 5600 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation Cape Girardeau Mo

18. (a) Signature of funeral director Rowland Mortuary Svc
(b) Address 4355 Washington

19. (a) NOV 14 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13th year 1944 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from 11/11 1944, 19, to 11/13, 1944 that I last saw him alive on 11/13/44 19; and that death occurred on the date and hour stated above.

Immediate cause of death Bulbar Poliomyelitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 R W Maxwell (Dm Case M.D.) (M. D. or other)

Address 5600 Arsenal St Date signed 11/13/44

(Licensed Embalmer's Statement on Reverse Side)

MAR 15 1945

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 Johnson Kistler

Licensed Embalmer No. 3880

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.