

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1936
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 479
804
Registrar's No.

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 months 10 days
In this community 51 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME KASPER, CORA.
3. (b) If veteran, name war -
3. (c) Social Security No. -

4. Sex Female / 5. Color or race WHITE
6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife Martin Kasper
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased March 11 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 1 hr. min.

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

10. Usual occupation Muscian

11. Industry or business

MOTHER, FATHER {
12. Name George V. Brouse
13. Birthplace Ill.
14. Maiden name Charlotte Neally
15. Birthplace Ill.

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-24-46
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.

19. (a) JAN 24 1946 (b) J. F. Brodeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gas
(c) City or town St. Louis. 2017
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal 9
2504 N. Jefferson, 0
(If not, give house number)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 12th;
year 1946 hour 7:30 minute P.M. M.
July
21. I hereby certify that I attended the deceased from 2nd;
1945 to January 12, 1946
that I last saw her alive on January 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Organic Brain disease 1944 pl.
Duration

Due to Generalized arterio sclerosis
unknown duration.

Due to
Other conditions (Include pregnancy within 3 months of death) S 7 2

PHYSICIAN
Major findings: Of operations
Of autopsy
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 Palmer Rasmus Bowlich (M. D. coroner)
Address 5800 Arsenal Date signed 1-20-46

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..... *Fred Frick*

Licensed Embalmer No..... **3186**

P. O. Address **St. Louis, Mo.**

Not Embalmed

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.