

FILED AUG 1 1946

Registration District No. **317**

Primary Registration District No. **6076**

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:
RR. I, Box III
(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 Missouri (b) County St. Louis

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

(d) Street No. 760I Vermont
(If rural, give location)

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

3. (a) PRINT FULL NAME ELMER FRANK KASPER

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

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

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Eva Kasper

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept. 25, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>10</u>	<u>3</u>	hr. _____ min. _____

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

10. Usual occupation Carpenter

11. Industry or business ----

MOTHER FATHER

12. Name Jacob Kasper

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

14. Maiden name Julie Becker

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

16. (a) Informant Eva Kasper

(b) Address 760I Vermont

17. (a) Burial (b) Date thereof Aug. 1, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) 7-31-46 (b) E. J. McNamee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1946 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 7, 1946 to July 28, 1946
that I last saw him alive on July 26, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage (Apoplexy)

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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)

Means of injury _____

Signature [Signature] (M. D. or other) _____

Address 7702 [Address] Date signed 7/31/46

Duration 8 days

Chronic

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

9600

707

10 AM - 1 PM
7702
R. Hoffmeister

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..... *Lewis C Hoffmeister*.....
Licensed Embalmer No..... *3871*.....
P. O. Address..... *7814 S Broad*.....

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.