No. 2
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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

State File No. 31423

FILED OCT 14 1946

Registration District No. ____ Primary Registration District No. 6076 Registrar's No. 2048

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 8-21-46 (Specify whether years, months or days)
In this community 64 Years

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County Out
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5508 Alaska Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KASPAR, Joseph J.

3. (b) If veteran, name war Phillipine Insurrection

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Tillie M. Kaspar

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January (Month) 2 (Day) 1881 (Year)

8. AGE: Years 65 Months 8 Days 29 If less than one day ____ hr. ____ min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Anton J. Kaspar
13. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbara Steska
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Vet. Adm. Hosp.
(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Hawk Point, Mo.

18. (a) Signature of funeral director Moydell Und. Co.
(b) Address St. Louis, Missouri

19. (a) 10-3-46 (Date received local registrar) (b) Ruth Allen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30 year 1946 hour 4:55 minute P M.

21. I hereby certify that I attended the deceased from 8-21-46, 19__, to 9-30-46, 19__; that I last saw him alive on Sept. 30, 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
HEART DISEASE, RHEUMATIC WITH CARDIAC ENLARGEMENT, MANIFESTED BY MYOCARDIAL INSUFFICIENCY, CLASS V	UNK
Due to	
Due to	

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations No Operation

Of autopsy No 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) No
(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? Means of injury

23. Signature L. E. Stilwell L. E. STILWELL, M.D., (M. D. or other)
Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 10-1-46

(Licensed Embalmer's Statement on Reverse Side)

OCT 17 1949

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Benj. C. Dinan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue.

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.