. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 15260

Registrar's No. 3839

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3228 Vista Ave.
(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 000

(c) City or town St. Louis 1817
(If outside city or town limits, write "RURAL")

(d) Street No. 3228 Vista 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elizabeth M. Kasper

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 24 (Day) 1857 (Year)

8. AGE: Years 90 Months 0 Days 16 If less than one day hr. min.

9. Birthplace House Springs (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Valentine Doll
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country) 4

16. (a) Informant Julia Kasper
(b) Address 3228 Vista

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12-47 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Leetz Funeral Home
(b) Address 3029 Lafayette Ave.

19. (a) APR 11 1947 (Date received local registrar) (b) J A Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th year 1947 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr 1, 1947, to April 9, 1947 that I last saw her alive on Apr 9, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to Arteriosclerosis

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature Otto C. Hanser M.D. (M. D. or other)

Address 3012 Lafayette Date signed 4/11/47

(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.....

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

working under my personal supervision.

Signed. David Van Fossan.

Licensed Embalmer No. 4243

P. O. Address 3029 Lafayette

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.