No. 2
1/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2698

Registrar's No. 183

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

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: 2115 GASGONADE AV.
(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 MO. (b) County 200

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2115 GASGONADE AV. 9
(If rural, give location)

(e) Citizen of foreign country? 15 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME BENJAMIN E. KASHER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ W. 2

6. (b) Name of husband or wife ROSA KASHER

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

7. Birth date of deceased AUGUST (Month) 31 (Day) 1865 (Year)

8. AGE: Years 82 Months 4 Days 7 If less than one day hr. min.

9. Birthplace TONTAWA (City, town, or county) N. Y. (State or foreign country) 1

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name Joseph KASHER 4
13. Birthplace Germany (City, town, or county) (State or foreign country) 1

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

16. (a) Informant Mrs Margaret Davis
(b) Address 2115 Gasgonade

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof JAN 10-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ St. Peters Cem.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette av

19. (a) JAN 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7th
year 1948 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 9, 1947 to Jan 7, 1948 that I last saw him alive on Dec 26, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic Strokes 1st 2nd Severe stroke later. Duration 12 years ago

Due to 3rd Severe Dec 18, 1946

Due to

Other conditions Bed sores 83
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature Leroy E. Ellison (M. D. or other) MD

Address 3610 So Broadway St Louis, Missouri Date signed 1-7-48

Jefferson City Printing Co. (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.....Jas F Vollmer.....

Licensed Embalmer No.....4014.....

P. O. Address.....7725 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.