

WRITE PLAINLY—USE 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:  
City Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days  
(Specify whether years, months or days)

In this community Life  
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Louis Kaeshoefer

3. (b) If veteran, name war None

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 Ethel 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased December 27 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

49	7	6	hr. min.
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9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Steel Worker

11. Industry or business \_\_\_\_\_

12. Name John Kaeshoefer

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

14. Maiden name Catherine Dausch

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

16. (a) Informant Mrs. Ethel Kaeshoefer

(b) Address 2135 S. Jefferson Ave

17. (a) Burial (b) Date thereof 8-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.

(b) Address 2161 E. Fair Ave

19. (a) AUG 5 - 1948 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2135 S. Jefferson Ave 9  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2  
year 1948 hour 8 minute 05 p.m.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull; subdural hematoma; when he lost his balance and fell, striking his head upon a water connection lid in front Depto 2323 Ann Avenue, around 4:15 A.M. July 25, 1948.

Due to \_\_\_\_\_ ACCIDENT

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of 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) Accident

(b) Date of occurrence July 25, 1948

(c) Where did injury occur? 000 St. Louis, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place

While at work? no (Specify type of place) (e) Means of injury see above

23. Signature Talbot & Taylor (M. D. or other) \_\_\_\_\_

Address 10 Date signed 8-5-48

*man*

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**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 *Glenn W. Hat*

Licensed Embalmer No. *3737*

P. O. Address *2161 E. Fair Ave*

**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.**