

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27886  
Registrar's No. 7144

FILED AUG 28 1948  
Registration District No. 318

Primary Registration District No. 1003

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..... (Specify whether  
In this community ALL HIS LIFE years, months or days)

3. (a) PRINT FULL NAME ROBERT LAWRENCE KASCH

3. (b) If veteran, name war — NO 3. (c) Social Security No. 1

4. Sex M 5. Color or race WW 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife VIRGINIA KASCH 6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased JULY 3 1904 (Month) (Day) (Year)

8. AGE: Years 44 Months 1 Days 10 If less than one day — hr. — min.

9. Birthplace KIRKWOOD MO. (City, town, or county) (State or foreign country)

10. Usual occupation ELECTRICIAN

11. Industry or business —

12. Name ANDREW KASCH

13. Birthplace COPENHAGEN DENMARK (City, town, or county) (State or foreign country)

14. Maiden name CHRISTINE CHRISTOFFERSON

15. Birthplace FYN DENMARK (City, town, or county) (State or foreign country)

16. (a) Informant EDWARD KASCH

(b) Address 671 ATALANTA

17. (a) BURIAL (b) Date thereof AUG-16-1948 (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEM.

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES

19. (a) AUG 14 1948 (b) J. E. Brulech (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS  
(c) City or town WEBSTER GROVES 91  
(If outside city or town limits, write "RURAL")  
(d) Street No. 671 ATALANTA 7  
(If rural, give location)  
(e) Citizen of foreign country? — (Yes or No) 4  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12  
year 1948 hour 1:50 minute P. M.

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

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

Immediate cause of death..... Duration.....

Coronary Occlusion  
Coronary Sclerosis

Due to.....

Due to.....

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.....

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?..... (e) Means of injury.....

23. Signature John E. Brulech (M. D. or other) here

Address..... Date signed 8/14/48

*2222*

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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.....

*J. Allen Davis Jr.*

Licensed Embalmer No. *2058*

P. O. Address *St. Louis*

**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.**