No. 300
10.48

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15405

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 939

1. PLACE OF DEATH
a. COUNTY Saint Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Koch, Mo
c. LENGTH OF STAY (In this place) 1972 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Robert Koch Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY ~~St. Louis~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Saint Louis 9-Q
d. STREET ADDRESS (If rural, give location) 4639 Carrie

3. NAME OF DECEASED (Type or Print)
a. (First) EVELYN
b. (Middle) ADELE
c. (Last) KASEBERG

4. DATE OF DEATH (Month) April (Day) 9 (Year) 1950

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single (1)
8. DATE OF BIRTH 8-3-10
9. AGE (In years last birthday) 39 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Saint Louis, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Louis Kaseberg
13b. MOTHER'S MAIDEN NAME Emma Whitthoeff
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 492-07-4669
17. INFORMANT'S SIGNATURE OR NAME Hospital Record ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 16 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 002X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-12- *,* 1944 *, to* 4-9- *,* 1950 *, that I last saw the deceased alive on* 4-9- *,* 1950 *, and that death occurred at* 1.40 pm. *, from the causes and on the date stated above.*

23a. SIGNATURE Harold S. Russell (Degree or title) M.D.
23b. ADDRESS Koch, Mo.
23c. DATE SIGNED 4/9/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)
24b. DATE 4/12/50
24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery
24d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

DATE REC'D BY LOCAL REG. 4-11-50
REGISTRAR'S SIGNATURE Herbert R. Wombe, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz **ADDRESS** 4828 Natural Bridge Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

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 ..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

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.