

FILED JUN 3 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18309  
4686  
Registrar's No. \_\_\_\_\_

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

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

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. <u>18309</u> <u>4686</u>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO.</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>3 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		<u>2269</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3415 KLEIN ST.</u>				d. STREET ADDRESS (If rural, give location) <u>20 3415 KLEIN ST.</u>				
3. NAME OF DECEASED (Type or Print) <u>GEORGE</u>			a. (First)		b. (Middle)		c. (Last) <u>JASCHKE</u>	
4. DATE OF DEATH		(Month) (Day) (Year)		<u>MAY 27 1950</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAR. 12 1888</u>		
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TOOL ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BRAKE SERVICE Co</u>		11. BIRTHPLACE (State or foreign country) <u>? GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>UNK JASCHKE</u>		13b. MOTHER'S MAIDEN NAME <u>UNK DOWN</u>		14. NAME OF HUSBAND OR WIFE <u>LAURA JASCHKE</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>LAURA JASCHKE</u>				
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) <u>CARCINOMA OF RECTUM</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (b) HEPATIC + PULMONARY METASTASIS</u>  <u>DUE TO (c)</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>MYOCARDITIS CHR</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2-29-49</u>  <u>8-49</u>  <u>?</u>		
19a. DATE OF OPERATION <u>11-4-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF RECTUM &amp; HEPATIC METASTASIS</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>154X</u>				
22. I hereby certify that I attended the deceased from <u>10-29, 1949</u> , to <u>5-27, 1950</u> , that I last saw the deceased alive on <u>5-27-1950</u> and that death occurred at <u>9:20 AM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Name or title) <u>[Signature]</u>				23b. ADDRESS <u>2838 So Grand Blvd</u>		23c. DATE SIGNED <u>5/27/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL MOTOR</u>		24b. DATE <u>MAY 29, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BECKEMEYER CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>BECKEMEYER ILLINOIS</u>		
DATE REC'D BY LOCAL REG. <u>4/28</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SUED MEYER &amp; SONS</u>				
				ADDRESS <u>3934 N. 20 ST.</u>				

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Neville B. Prohvetter*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3696

P. O. Address 3934 N. 20th St.

**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.