

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25618

State File No. 56076  
Registrar's No. 1762

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ellisville</b>	c. LENGTH OF STAY (in this place) <b>5 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Eureka</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Sunset Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>Forby Road</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Benard</b>	b. (Middle) <b>Henry</b>	c. (Last) <b>Dascher</b>	(Month) <b>July</b>	(Day) <b>20</b>	(Year) <b>1950</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Aug. 15, 1889</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR	IF UNDER 1 HRS.
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Famer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	--	--	---

13a. FATHER'S NAME <b>Christ Dascher</b>	13b. MOTHER'S MAIDEN NAME <b>Sophia Kroner</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Eugene Dascher,</b>	ADDRESS <b>Eureka, Mo.</b>
---	--	---	-------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brocogenic carcinoma</b>		
	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 <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>102X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 8-13, 1938 to 7-21, 1950, that I last saw the deceased alive on 7-15, 1950, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>C. R. Beckmeyer, D.O.</b>	(Degree or title)	23b. ADDRESS <b>Eureka, Mo.</b>	23c. DATE SIGNED <b>7/21/50</b>
--	-------------------	------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 23, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bethel</b>	24d. LOCATION (City, town, or county) (State) <b>Pond, Mo.</b>
--	-----------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>7-22-50</b>	REGISTRAR'S SIGNATURE <b>Robert L. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Schrader Funeral Home,</b>	ADDRESS <b>Ballwin, Mo.</b>
--	---	---	--------------------------------

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

MAY 20 1954

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.....

*Theo. Schraden*

Signed.....

Student Embalmer

Licensed Embalmer No.....

3066

P. O. Address.....

Baltimore, Md.

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.