

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

31778

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8492**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo. 2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION 64324 Loyd Ave.		d. STREET ADDRESS (If rural, give location) 64324 Loyd Ave,	

3. NAME OF DECEASED (Type or Print)	a. (First) GLADYS	b. (Middle) C.	c. (Last) RASCHER	4. DATE OF DEATH (Month) (Day) (Year) 9-24-51
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-22-1904	9. AGE (In years last birthday) 46 If under 1 year: Months 9 Days 2 If under 24 hrs: Hours 2 Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife X X X X X X X X X X	10b. KIND OF BUSINESS OR INDUSTRY X X X X X X X X X X	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Gustave Benner	13b. MOTHER'S MAIDEN NAME Merta Williams	14. NAME OF HUSBAND OR WIFE Leonard C. Rascher
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X X X X X X X X X X	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Leonard C. Rascher	ADDRESS Above
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage Right		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 321X
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22. I hereby certify that I attended the deceased from **5 PM 9/19/51 to **5:30 PM 9/24/51** that I last saw the deceased alive on **9/24**, 19**51**, and that death occurred at **7:30 PM** from the causes and on the date stated above.**

23a. SIGNATURE (Type or Print) J. B. Smith	23b. ADDRESS 9901 Big Bend Bl.	23c. DATE SIGNED 9/25/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-27-51	24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	24d. LOCATION (City, town, or county) (State) Labadie, Missouri
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DATE REC'D BY LOCAL REG. SEP 25 1951	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith	ADDRESS 7456 Manchester Maplewood 17, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

Handwritten signature or scribble at the top of the page.

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 *J. C. Burgess*
Licensed Embalmer No. *4029*
P. O. Address *Maplewood*

Handwritten notes and scribbles in the bottom left corner, including the word "Note" and some illegible text.

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.