No. 300
10-48

FILED MAR 5 1952

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

6720

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1236

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2244a Jules St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2239
d. STREET ADDRESS (If rural, give location) 23 2244a Jules St.

**3. NAME OF DECEASED** (Type or Print)
a. (First) Kate
b. (Middle)
c. (Last) Rasp

**4. DATE OF DEATH** (Month) (Day) (Year) February 8, 1952

**5. SEX** Female
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married
**8. DATE OF BIRTH** January 29, 1882
**9. AGE** (In years last birthday) 70 — IF UNDER 1 YEAR Months 0 Days 29 — IF UNDER 24 HRS. Hours Min.

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

**13a. FATHER'S NAME** ? Dauernheim
**13b. MOTHER'S MAIDEN NAME** Not known
**14. NAME OF HUSBAND OR WIFE** Jacob

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME** Jacob Rasp 2244a Jules St. 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**

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* | (a) Chronic Myocarditis | 8 yrs |
| ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* | DUE TO (b) Arteriosclerosis | 10 yrs |
| | DUE TO (c) | |
| II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* | Chronic Interstitial Nephritis | 5 yrs |
| | Hypertension | 7 yrs |

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**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?** H221

22. *I hereby certify that I attended the deceased from* May 19 1946 *to* Feb 8, 1952, *that I last saw the deceased alive on* Feb 5, 1952, *and that death occurred at* 7.30 A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) J. P. Keim M.D.
**23b. ADDRESS** 2730 McMain Ave
**23c. DATE SIGNED** Feb 8 '52

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal
**24b. DATE** 2/11/52
**24c. NAME OF CEMETERY OR CREMATORY** Sun Set Burial Park
**24d. LOCATION** (City, town, or county) (State) St. Louis County, Mo.

**DATE REC'D BY LOCAL REG.** FEB 8 1952
**REGISTRAR'S SIGNATURE** J Carl Smith Md
**25. FUNERAL DIRECTOR'S SIGNATURE** John H. Gebken ADDRESS 2630 Gravois Ave.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.