

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 2940

FILED FEB 11 1953

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0684

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. LENGTH OF STAY (If in hospital) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, La. 4/860			
d. FULL NAME OF HOSPITAL OR INSTITUTION Marian Hospital				d. STREET ADDRESS (If rural, give location) 3712 Paule Ave.			
3. NAME OF DECEASED (Type or Print) William		a. (First)		b. (Middle) Casper		c. (Last)	
4. DATE OF DEATH Jan. 20, 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 27, 1893		9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work if deceased was retired) Crane operator		10b. KIND OF BUSINESS OR INDUSTRY Ruppert Quarry	
11. BIRTHPLACE (City and State or Foreign Country) Missouri				12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME George Casper		13b. MOTHER'S MAIDEN NAME Lena Severin		14. NAME OF HUSBAND OR WIFE Anna Casper			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WWI		16. SOCIAL SECURITY NO. 497039328		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Casper, 3712 Paule Ave.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia (virus) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-Vascular Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days 2 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 492X			
22. I hereby certify that I attended the deceased from Sept 1952, to Jan 20, 1953, that I last saw the deceased alive on Jan 20, 1953 and that death occurred at 5:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE James C. [Signature] (Degree or title) M.D.				23b. ADDRESS 4047 a Gravois		23c. DATE SIGNED 1/21/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/23/53		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jeff Brks. Mo.	
DATE REC'D BY LOCAL JAN 21 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co; 2420 Michigan Ave.			

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

Dr. Shy
3533 Oak Hill

72001

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 *Ben Hoffman*

Licensed Embalmer No. *2366*

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.