

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3642**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0062**

FILED JAN 28 1953

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 township) ST. LOUIS		c. LENGTH OF STAY (In this place) LIFE	
c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		d. STREET ADDRESS (If rural, give location) 6958 WINONA AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6958 WINONA AVE		d. STREET ADDRESS (If rural, give location) 3 6958 WINONA AVE	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) HERMAN c. (Last) RASCHER		4. DATE OF DEATH (Month) (Day) (Year) JAN. 3, 1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 10-25-1907
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	
10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME WM. F. RASCHER	
13b. MOTHER'S MAIDEN NAME LOUISE BITTERBUSCH		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES W.W.#2		16. SOCIAL SECURITY NO. 493-07-1382	
17. INFORMANT'S SIGNATURE OR NAME WM. F. RASCHER		ADDRESS 6958 WINONA 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Asphyxiation by hanging when deceased was found hanging ANTECEDENT CAUSES deceased was found hanging Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. due to the use of shelf board in clothes closet in room DUE TO (c) of home at 6958 Winona Ave II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. about 11:55 pm on Jan 2 1953	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Suicide	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 2 53 11 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? E974X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1245 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Catrick E. Taylor		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED JAN 4 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-5-53	
24c. NAME OF CEMETERY OR CREMATORY ST. TRINITY EVANG. LUTH. CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
DATE REC'D BY LOCAL REG. JAN 5 1953		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE M. H. Miller		ADDRESS 73 W. Washington Ave. W. Mo.	
(Licensed Embalmer's Statement on Reverse Side)			

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

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

John J. Harris

Licensed Embalmer No. *4108*

P. O. Address. *St Louis Mo*

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

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