

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20252

State File No.

FILED JUN 10 1953

BIRTH NO. ... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1475

1. PLACE OF DEATH a. COUNTY St. Louis		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) OR TOWN Berkeley City		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 days		e. STREET ADDRESS (If rural, give location) 2109 3507 Harper St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION PennNursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) c. (Last) Kassing			4. DATE OF DEATH (Month) (Day) (Year) May 25, 1953.		
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 3, 1869	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - 40 y.		10b. KIND OF BUSINESS OR INDUSTRY Upholster	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Kassing	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Emma Kassing
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Rutha Kassing 3507 Harper St.

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		INTERVAL BETWEEN ONSET AND DEATH 5-1-52 5-7-52
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	II. 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 4221	

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) (Minute)	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 May 15, 1953, to May 25, 1953, that I last saw the deceased alive on May 25, 1953, and that death occurred at 11:00pm., from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Damborn	(Degree or Title) M.D.	23b. ADDRESS 3802 N. Grand St.	23c. DATE SIGNED 5-27-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-28-53.	24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri.

DATE REC'D BY LOCAL REG. 5-27-53	REGISTRAR'S SIGNATURE Herbert R. Damborn	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Sons 216 E. Fair
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(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.....
Signature of Student Embalmer

Signed *Welford G Burnley*
Licensed Embalmer No. *42*
P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.