

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

State File No. 2958

0236

FILED JAN 26 1954

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

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>2249</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS Mo</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>ST. LOUIS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>ST. ANTHONY'S Hosp. 24</u>		e. STREET ADDRESS (If rural, give location) <u>3178 PENNSYLVANIA</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>-</u> c. (Last) <u>KASPAR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 9 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT 15 1875</u>
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WIDOW</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>
13a. FATHER'S NAME <u>FRANK CHARVAT</u>		13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE KALAH</u>	14. NAME OF HUSBAND OR WIFE <u>ADOLF KASPAR (DEC'D)</u>
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 <u>ANTHONY F. KASPER</u> 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Cardiac dilatation</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> DUE TO (b) <u>Myocarditis widespread 18 mos.</u> DUE TO (c) <u>Auricular fibrillation 8 days.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Intertrochanteric fracture of femur 8 days.</u>	
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>3178 Penns. Co</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo MO 69020</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 1-1954 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>slipped and fell from chair</u>	
22. I hereby certify that I attended the deceased from <u>June 8, 1950</u> , to <u>Jan 9, 1954</u> , that I last saw the deceased alive on <u>Jan 8, 1954</u> , and that death occurred at <u>6:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>2767 Genois ave</u>	23c. DATE SIGNED <u>1-9-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 12 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>S. S. PETER + PAUL</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 11 1954</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>2906 Genois</u>		

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..... *James C. Hill*

Licensed Embalmer No. 43

P. O. Address 2906 @

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.