

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10359**  
Registrar's No. **2586**

FILED MAR 30 1954

BIRTH NO.

REG. DIST. NO.

**318**

PRIMARY REG. DIST. NO.

**1003**

Registrar's No.

**2586**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>45 years</b>		c. CITY OR TOWN <b>St. Louis</b>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6960 Oleatha</b>		e. STREET ADDRESS (If rural, give location) <b>3 6960 Oleatha</b>								
3. NAME OF DECEASED (Type or Print) <b>Alfred (Albert)</b>			a. (First)		b. (Middle) <b>L.</b>					
			c. (Last) <b>Rascher Sr.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 19, 1954</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 4, 1880</b>				
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Building Contractor</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Frank Rascher</b>			13b. MOTHER'S MAIDEN NAME <b>Emma Werner</b>			14. NAME OF HUSBAND OR WIFE <b>Birdie W. (nee Stewart)</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Span. Amer. War</b>			16. SOCIAL SECURITY NO. <b>499-01-0991</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Alfred Rascher Jr.,</b>			ADDRESS <b>6960 Oleatha, 9</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY OCCLUSION</b>					MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>								
		DUE TO (c)								
		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					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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>						
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 <b>10:40p m.</b> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <b>Victor H. Hager, M.D.</b>				23b. ADDRESS <b>4922 Hampton</b>			23c. DATE SIGNED <b>3/20/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 22, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Picker Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri.</b>				
DATE REC'D BY LOCAL REG. <b>MAR 22 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hoffmeister Colonial Mortuary, 6464 Chippewa St. St. Louis 9, Mo.</b>					

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

4127 Pennsylvania

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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 *Harry J. Schumaker*  
Licensed Embalmer No. *267*  
P. O. Address *7814 S. Br...*

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.