THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 16 1957

STATE FILE NUMBER 33330

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 716

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, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes X No ☐	c. CITY OR TOWN University City 4346 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 37 Hamilton Medical — Length of stay in 1b Center 4mo 27	d. STREET ADDRESS (If outside, give location) 7133 Waterman Ave. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First HERMAN	Middle FERDINAND	Last CASSEL	4. DATE OF DEATH	Month 8 Day 17 Year 1957
5. SEX male	6. COLOR OR RACE white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Oct. 18, 1872	9. AGE (In years last birthday) 84	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) Dentist DDS	10b. KIND OF BUSINESS OR INDUSTRY Dentistry	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Ferdinand Cassel		14. MOTHER'S MAIDEN NAME Hermine Biederman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. no	17. INFORMANT Jessamine Cassel	Address 7133 Waterman Ave		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema — Pulmonary edema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease — Arteriosclerotic heart disease

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH 1 hour

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 420.0

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

MEDICAL CERTIFICATION

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 8-16-57

20f. CITY, TOWN, OR LOCATION COUNTY STATE 8-17-57

21. I attended the deceased from 16 Aug 8 A.M. to 17 Aug and last saw him alive on 16 Aug

Death occurred at 8:06 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ralph V. Gieselman M.D.	22b. ADDRESS 4952 Maryland	22c. DATE SIGNED 8-17-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 8-20-57	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR ADDRESS C. R. Lupton & Sons-7233 Delmar	25. DATE RECD. BY LOCAL REG. AUG 19 57	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Ralph Gieselman.
4952 Maryland Ave.
Fo 1-1056

Take by Coroners for O.K.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Arnold W. Schoene

Licensed Embalmer No. 38

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.