MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

-61-026987

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7325

FILED AUG 14 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 7-9-

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 1 Wk.

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 4308 N. Euclid Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Harry Middle F. Last Kassing

4. DATE OF DEATH Month 8 Day 4 Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10/4/83

9. AGE (last birthday) 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman (ret.)

10b. KIND OF BUSINESS OR INDUSTRY Real Estate

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry C. Kassing

13b. MOTHER'S MAIDEN NAME Sophia Mertens

14. NAME OF HUSBAND OR WIFE Carrie M. 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.

17. INFORMANT Carrie M. Kassing, Address 4308 N. Euclid

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) (1) ~~Cerveb~~ Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH 7 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) (2) Arteriosclerotic Heart disease — ??

DUE TO (c) 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2/8/1954 to 8/4/1961 and last saw her/him alive on 8/4/1961

Death occurred at 8/4/1961 11:20 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Conrad Malles M.D.

22b. ADDRESS University Club Bldg

22c. DATE SIGNED 8/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 8/7/61

23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery

23d. LOCATION (City, town, or county) St. Louis County (State) Mo.

24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral, 1905 Union Blvd.

25. DATE RECD. BY LOCAL REG. AUG 7 1961

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

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_____ Signed. Warren A. Carver
Signature of Student Embalmer

Licensed Embalmer No. 353E

P. O. Address_____

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.