

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

10232-61-038801
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10232

AMENDED

FILED NOV 10 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO.</u> | | Length of stay in lb <u>68 yrs.</u> | c. CITY OR TOWN <u>St. Louis</u> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSP #1</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>3729 Lee Avenue</u> |
| 3. NAME OF DECEASED (Type or print) First <u>ARTHUR</u> Middle <u>HENRY</u> Last <u>KASSING</u> | | 4. DATE OF DEATH Month <u>II</u> Day <u>I</u> Year <u>61</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12/6/1892</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Collector</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Credit Agency</u> | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u> |
| 13a. FATHER'S NAME <u>Phillip Kassing</u> | | 13b. MOTHER'S MAIDEN NAME <u>Annie Ebmeyer</u> | 14. NAME OF HUSBAND OR WIFE <u>Clara H. Leonhardt Kassing</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W. W. No. 1</u> | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address <u>Mrs. Clara Kassing, 3729 Lee Avenue</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PULMONARY EMBOLISM</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>FEMORAL VEIN THROMBOSIS</u> DUE TO (c) <u>466x</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>MANIC-DEPRESSIVE PSYCHOSIS</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 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 <u>10-5-61</u> to <u>11-1-61</u> and last saw her/him alive on <u>11-1-61</u> Death occurred at <u>9:58 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>J. E. Duntzler M.D.</u> | | 22b. ADDRESS <u>1515 LAFAYETTE AVE</u> | 22c. DATE SIGNED <u>11-1-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>Nov. 4, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Beiderwieden F.H.Inc., 1936 St. Louis (6)</u> | | 25. DATE RECD. BY LOCAL REG. <u>NOV 3 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Richard Smith M.D.</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 _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Homer W. Jantz

Licensed Embalmer No. 3882

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.