

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049019

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3641

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14002
24009

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4 1

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11 400

12 92-3

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DOA - ST. Louis Co Hosp</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. Louis</u> c. CITY OR TOWN <u>Jennings</u> d. STREET ADDRESS (If outside, give location) <u>2015 McLaran Ave</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>OLINDA KASPER</u>		4. DATE OF DEATH Month Day Year <u>12-12-1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-23-1923</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Technician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Medical Office</u>	11. BIRTHPLACE (City and state or country) <u>ST. Louis Mo</u>
13a. FATHER'S NAME <u>Henry Kasper</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Kasper</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Henry Kasper 2015 McLaran</u>	

9. AGE (last birthday) <u>39</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13b. MOTHER'S MAIDEN NAME <u>Christina Finke</u>	
16. SOCIAL SECURITY NO. [REDACTED]	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple injuries of neck and chest</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Auto collision (driver)</u>
20c. TIME OF INJURY Hour a.m. / p.m. Month, Day, Year <u>9:25 p.m. 12/12/62</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Normandy St. Louis Missouri</u>

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 70</u>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 10:05 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Raymond H. Hard</u> Coroner	22b. ADDRESS <u>Clayton, Missouri</u>	22c. DATE SIGNED <u>12/24/62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem</u>	23d. LOCATION (City, town, or county) (State) <u>ST. Louis Co Mo</u>
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25. DATE RECD. BY LOCAL REG. <u>12-14-62</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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Funeral Director <u>O'SULLIVAN-MUCKLE-KRON MORTUARY</u> 8806 JENNINGS ROAD
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USE BLACK INK OR TYPEWRITER RIBBON

3321 0 70 0 21 1 2

Minutes

Multiple injuries of neck and chest

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.
(Auto collision driver)

Student _____

Signature of Student Embalmer

Signed Albert Mayfield
9:25:00 xx 12/12/02

Licensed Embalmer No. 3077

P. O. Address St Louis Mo

Highway 70

MA 20:01

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.

Missouri

St. Louis

12/24/02