MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

L 22653

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6052

City St Louis Mo (No. 2335 Whittemore Place St. ..... Ward)

2. FULL NAME Leo Rassieur

(a) Residence. No. 2335 Whittemore St., 23 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary C. Rassieur

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-19-1844

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	1	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Theodore Rassieur

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Prussia

12. MAIDEN NAME OF MOTHER Margaretta Klauck

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Prussia

14. INFORMANT Leo Rassieur Jr
(Address) 2335 Whittemore Place

15. FILED JUN -3 1929 Max C Starkloff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-1 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan ....., 1929, to June 1, 1929 that I last saw him alive on June, 1929, and that death occurred, on the date stated above, at 4:25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
59
731
(duration) Many yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Diabetes; general arterio-sclerosis (duration) Many yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) W C Mardorf, M. D.
6/2, 1929 (Address) 2136 So Grand Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Bellefontaine Cemetery	6-3 1929
20. UNDERTAKER	ADDRESS
Weick Bros 2201 So	Grand Blvd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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