

3. No. 2
4-18-40
5-17-39
PI X2310
DEC 1

1940
Registration District No. 284

Primary Registration District No. 200

Registrar's No. 2234

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Des Peres,
(c) Name of hospital or institution Highway # 50
(d) Length of stay: In hospital or institution none
In this community 3 years,

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis,
(c) City or town Des Peres,
(d) Street No. Highway #50.
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Charles H. Rasch,
3. (b) If veteran, name war none
3. (c) Social Security No. none

20. DATE OF DEATH: Month Nov. day 26,
year 1940 hour 7 minute 00 A.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive 22 years

21. I hereby certify that I attended the deceased from March 5,
1940, to Nov. 26, 1940
that I last saw him alive on Nov. 18, 1940
and that death occurred on the date and hour stated above.

7. Birth date of deceased June 25 1877
(Month) (Day) (Year)
8. AGE: Years 63 Months 5 Days 1
If less than one day hr. min.

Immediate cause of death Chronic Myocarditis
Due to Cardiac Insufficiency
Arterial Sclerosis

9. Birthplace St. Louis Co. Mo. Mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

10. Usual occupation Retired farmer,
11. Industry or business own farm.

MOTHER FATHER
12. Name Christoff Rasch,
13. Birthplace Unknown.
14. Maiden name Margaretha Sachhaas,
15. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Christina Rasch,
(b) Address Kirkwood, Mo. R. #13.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof 11/28/40
(Burial, cremation, or removal) (City or town) (County) (State)
(c) Place: burial or cremation St. Paul's Cem.

18. (a) Signature of funeral director Schnader Funeral Home.
(b) Address Ballwin, Mo.
19. (a) NOV 28 1940 (b) H. R. Meyers
(Date received local registrar) (Registrar's signature)

23. Signature Henry Seay (M. D. or other)
Address Ballwin MO Date signed 11/27/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

8721

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Theo Schrader

Licensed Embalmer No.

23066

P. O. Address.....

Dallwin, Mo

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 this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39869

Registrar's No. 2234

Registration District No.

Primary Registration District No.

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD
WENA MOORE

1. PLACE OF DEATH:

(a) County. St. Louis

(b) City or town. Des Peres
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....

3. (a) PRINT FULL NAME Charles H. Rasch

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife.....

6. (c) Age of husband, or wife, if alive..... year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
hr min.

9. Birthplace. (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant.....
(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
(b) Address.....

19. (a) 11-25-40 (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town.....
(If outside city or town limits write "RURAL")

(d) Street No.....
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years.

20. DATE OF DEATH. Month Nov 26 - 40
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Pyocarditis
Cardiac Infarct
Cerebral sclerosis

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: 93c
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J. H. [Signature] (M. D. or other).....

Address..... Date signed.....

SUPPLEMENTAL

1940
S-39869