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FILED AUG 14 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22672

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6622

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2715 INDIANA AVE 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: COE

(a) State Missouri (b) County 17

(c) City or town St Louis 923
(If outside city or town limits, write "RURAL")

(d) Street No. 2715 Indiana
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME THOMAS CASPER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOSEPHINE

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased MAR 7 (Month) 1882 (Day) (Year)

8. AGE: Years 60 Months 4 Days 28 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) O MO (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name JACOB CASPER
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name BARBARA RUTH
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Josephine Casper
(b) Address 2715 Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6-42 (Month) (Day) (Year)
(c) Place: burial or cremation New 88 Peter & Paul

18. (a) Signature of funeral director [illegible]
(b) Address 2906 Lavois Ave

19. (a) AUG 5 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1942 hour 7 45 minute A M.

21. I hereby certify that I attended the deceased from 1936, 19 , to Aug 4 1942
that I last saw him alive on Aug 4 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Embolism	
Cardiac decompensation	
Due to Rheumatic heart	
Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Julius Elson (M. D. or other)
Address 4500 Olive Date signed 8/5/42

(Licensed Embalmer's Statement on Reverse Side)

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 David. Van Fossan, Registered Apprentice No. ..... working under my personal supervision.

Signed David. Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Granvis an

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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