S. No. 2
—1-4-41
5-17-39
PI X26330

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31404

State File No. 0

FILED OCT 6 1942

Registration District No. 7 84 — Primary Registration District No. 200 — Registrar's No. 1921

96 0 0

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Manchester (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 days (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: Keyes Summit (If outside city or town limits, write "RURAL") 96 0
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Anthony C. Rasch
3. (b) If veteran, name war: unknown
3. (c) Social Security No. unknown
4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Matilda
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: June (Month) 22 (Day) 1868 (Year)

8. AGE: Years 74 | Months 2 | Days 22 | If less than one day ___ hr. ___ min.

9. Birthplace: unknown (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: none
11. Industry or business:
FATHER 12. Name: unknown unknown
FATHER 13. Birthplace: unknown (City, town, or county) Germany 4 (State or foreign country)
MOTHER 14. Maiden name: Mary Unknown
MOTHER 15. Birthplace: unknown (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant: Manchester Nursing Home
(b) Address: Manchester, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Bethany Cemetery
18. (a) Signature of funeral director: Louis H. Bopp, Sec
(b) Address: Kirkwood Mo.
19. (a) SEP 15 1942 (Date received local registrar) (b) E. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13 year 1942 hour 6 minute :00 p.M.
21. I hereby certify that I attended the deceased from 9-9-42, 19__ to 9-13-42, 19__; that I last saw him alive on 9-9-42, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Arteriosclerosis 1 Yr
Due to: 97
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

Duration

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

22. If death was due to external causes, fill in the following: 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: Albert B. Kurz (M. D. or other)
Address: St. Louis County Date signed 9-15-42

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John M Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, 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.