

7. S. No. 2
 FORM-5-42
 Rev. 5-17-42
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

26792

State File No.

7444

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Mary Theresa Kassing

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female / race White / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Herman C. Kassing 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased Mar 30 1882
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 4 17 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Frank Stork
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Herman C. Kassing

(b) Address 4943 Pernod Ave.

17. (a) Burial (b) Date thereof 8-20-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) AUG 19 1943 (b) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4943 Pernod Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17
 year 1943 hour 12 minute 25 A. M.

21. I hereby certify that I attended the deceased from June 15, 1943 to Aug 17, 1943
 that I last saw her alive on Aug 16, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death: Nephritis
uremia
hypertension
myocarditis
 Due to.....
 Due to.....

Duration
2 years
2 mo.
2 years
2 years

Other conditions Per a brot the marriage
 (Include pregnancy within 3 months of death) 1 year

Major findings:
 Of operations.....
 Of autopsy.....
 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 Arnold S. Klein M. D. or other.....
 Address 2632 S. Kingshighway Date signed 8/17/43

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..... *Albert R. Thompson Jr*

Licensed Embalmer No. *4237*

P. O. Address..... *St Louis*

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.