

No. 2
12-45
17-39
X47070

State File No. 31631

FILED #62630
31830 1946

Registration District No. Primary Registration District No. 1003

Registrar's No. 8148

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 3318a Nebraska Memorial
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA CASPER

3. (b) If veteran, name war -- 3. (c) Social Security No. none

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Anton Casper 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 25 1857 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 3 25 hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name George Hoersh

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

14. Maiden name Pauline ?

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

16. (a) Informant Pearl Bonner

(b) Address 5067 Cates Ave.

17. (a) burial (b) Date thereof 9-21-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Jos. W. Clark (b) Address 1125 Hodiament Ave.

19. (a) SEP 20 1946 (b) J. J. Bredeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 19th year 1946 hour 4:45 minute P.M.

21. I hereby certify that I attended the deceased from July 31st to SEPT. 11th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive disease - morua Duration 3 days

Due to Generalized debility Duration 1 yr

Due to Carcinoma of the cervix Duration 2 yrs

Other conditions: Swelling (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Edema & consolidation of lungs of cervix

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) (c) Means of injury

23. Signature Francis R. Bonner 1515 Lafayette (M. D. or other) Date signed 9/20/46

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

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiemon

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.