

S. No. 2
1-12-45
5-17-39
P. 1 X47070

FILED DEC 9 1946

Registration District No. **318**

Primary Registration District No. **1005**

Registrar's No. **9961**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 3 1/2 days
(Specify whether years, months or days)

In this community 14 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 9323 Brenda
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME ERWIN J. RASCH

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cecelia nee Dumke 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased June 6, 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>5</u>	<u>14</u>	hr. - min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20 year 1946 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from 11-16-46 to 11-20-46
that I last saw him alive on 11-20-46 and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Hypertension Duration 6 weeks

Due to unknown / 107

Due to unknown

Other conditions acute Bronchitis pneumonia healing

Major findings: Of operations - Of autopsy -

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

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

10. Usual occupation Sheet Metal Worker

11. Industry or business Sheet Metal

MOTHER FATHER

12. Name Joseph Rasch

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Clara Dumke

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cecelia Rasch
(b) Address 9323 Brenda, Affton

17. (a) Burial (b) Date thereof Nov. 23, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F.H., Inc.
(b) Address 1936 St. Louis Ave.

19. (a) NOV 22 1946 (b) J. F. Bredes
(Date received local registrar) (Registrar's signature)

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 Alward Maller (M. D. or other) M.D.
Address 819 um/Club Bldg of Louis Date signed 11-23-46

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 *Neal H. Paulson*.....

Licensed Embalmer No. *4114*.....

P. O. Address *1936 St. Louis Ave*.....

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.