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38671

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

Registration District No. 379

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
residence - 5 Colonial Court  
(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

3. (a) PRINT FULL NAME OTTO HERMAN RASSFELD

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hattie Everts Rassfeld

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased December 10, 1873.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>5</u>	hr. <u>4</u> min.

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

10. Usual occupation sales engineer

11. Industry or business Otto Rassfeld Oil Company

12. Name Albert R. Rassfeld

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

14. Maiden name unknown Thalinius

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

MOTHER FATHER

16. (a) Informant Mrs. Hattie E. Rassfeld

(b) Address 5 Colonial Court, Clayton, Missouri

17. (a) burial (b) Date thereof 1-17-49  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Bl'vd., University City

19. (a) 1-18-49 (b) Hubert V. Luyck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 5 Colonial Court  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15<sup>th</sup>  
year 1949 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1943, to present, 1949;  
that I last saw him alive on Jan. 8, 1949  
and that death occurred on the date and hour stated above.

Immediate cause of death Insanition Duration 1 mo

Due to Carcinoma of stomach 1 yr.

Due to \_\_\_\_\_

Other conditions 466  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 517

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 Grant Medical Clinic

23. Signature Grace E. Berger (M. D. or other) \_\_\_\_\_  
Address 1147 Taylor Ave Date signed 1-15-49

**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..... *Clarence H. Murray* .....

Licensed Embalmer No. *4011* .....

P. O. Address *St. Louis, 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. *11-11-1*