

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15553

State File No. \_\_\_\_\_  
Registrar's No. **4438**

FILED MAY 15 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4438</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>28 hours</b>		c. CITY OR TOWN <b>Jennings</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>8324 McLaren Ave.</b>				
3. NAME OF DECEASED a. (First) <b>Fred</b> b. (Middle) <b>G.</b> c. (Last) <b>Cassens</b> (Type or Print) <b>Frederick G. Cassens</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 28, 1953.</b>					
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>August 31, 1879</b>		9. AGE (In years last birthday) <b>73</b>	10. <input type="checkbox"/> UNDER 1 YEAR Days _____	11. <input type="checkbox"/> UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13a. FATHER'S NAME <b>John Cassens</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. John Cassens 2507 Ada Ave.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Strangulated hernia St. Op</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cholera</b> DUE TO (c) <b>Cholera</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>4-27-53</b> <b>1940</b> <b>1945</b>	
19a. DATE OF OPERATION <b>4/27/53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Strangulated hernia</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>5615</b>
22. I hereby certify that I attended the deceased from <b>1-3-1949</b> to <b>4-28-1953</b> , that I last saw the deceased alive on <b>4-28-1953</b> , and that death occurred at <b>6:40 p.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Math Hermann M.D.</b>				23b. ADDRESS <b>St. Louis Co. Missouri.</b>		23c. DATE SIGNED <b>4-29-53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation</b>		24b. DATE <b>5-1-53.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Missouri.</b>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 30 1953</b> <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Math Hermann &amp; Son, Inc. 2161 E. Fair Ave.</b>						

WRITE PLAINLY—USING 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3737

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.