

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10801**

FILED MAR 23 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **631**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Castlewood</b>	c. LENGTH OF STAY (In this place) <b>2 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Castlewood</b> <b>4-750</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sontag Rd.</b>		d. STREET ADDRESS (If rural, give location) <b>Sontag Rd.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Selma</b> b. (Middle) <b>L.</b> c. (Last) <b>Rasch</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 11 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>October 12 1876</b>		9. AGE (In years last birthday) <b>86</b> <b>4</b> Months <b>29</b> Days <b>1</b> Hour <b>1</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Co.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Wm. Arft</b>	13b. MOTHER'S MAIDEN NAME <b>Wm. Doerschlen</b>	14. NAME OF HUSBAND OR WIFE <b>August G. Rasch</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. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elmer Rasch Rt 1, Ballwin, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>Arteriosclerotic cardiac</b> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>renal vascular disease</b>		<b>chr</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>442X</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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Mar 4**, 1954, to **Mar 11**, 1954, that I last saw the deceased alive on **Mar 8**, 1954, and that death occurred at **4:30 A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. Deabaugh</b>	23b. ADDRESS <b>Wm. Webster Groves Mo</b>	23c. DATE SIGNED <b>3-11-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-13-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul Luth. Cem</b>
24d. LOCATION (City, town, or county) (State) <b>Des Peres, Mo.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Schrader Funeral Home, Ballwin, Mo.</b>	DATE REC'D BY LOCAL REG. <b>3/11/54</b> REGISTRAR'S SIGNATURE <b>Herbert K. Sommer</b>

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

5000 11/26

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 .....

Student Embalmer

Signed

*Richard Bopp*

Licensed Embalmer No.

*4584*

P. O. Address

*Bellwin, 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.