

FILED MAR 1 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **6829**

BIRTH NO.		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>500</b>		Registrar's No. <b>314</b>			
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE <b>MISSOURI</b>				b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>LEMAY</b>		c. LENGTH OF STAY (in this place) <b>11 YEARS</b>		c. CITY OR TOWN <b>LEMAY</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>1310 WACHTEL</b>				STREET ADDRESS (If rural, give location) <b>1310 WACHTEL</b>					
3. NAME OF DECEASED (Type or Print) <b>AUGUSTA</b>			a. (First)		b. (Middle) <b>****</b>		c. (Last) <b>CASPER</b>		
4. DATE OF DEATH <b>Feb 5 1955</b>		(Month)		(Day)		(Year)			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>JUNE 11, 1873</b>			
9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours 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>AT HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>OAKVILLE, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>JOHN GERHARDT</b>			13b. MOTHER'S MAIDEN NAME <b>LIZZIE HANS</b>			14. NAME OF HUSBAND OR WIFE <b>MICHAEL F. CASPER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>LILLIE ANDRE 1310 WACHTEL LEMAY, MISSOURI</b>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Intestinal Cancer</b>								INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)									
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.									
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>153X</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21d. (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 <b>Jan 23, 1955</b> to <b>Feb 5, 1955</b> that I last saw the deceased alive on <b>Feb 4, 1955</b> , and that death occurred at <b>5:25 P.M.</b> from the causes and on the date stated above.									
23a. SIGNATURE <b>Max Young</b>				(Degree or title) <b>D.C. K. Arnold M.O.</b>		23b. ADDRESS <b>Box 316</b>		23c. DATE SIGNED <b>Feb 5-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>FEB. 8, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NEW ST. JOHN</b>		24d. LOCATION (City, town, or county) (State) <b>MEHLVILLE, MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>2-7-55</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donker</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. HOFFMEISTER U. &amp; L. CO.</b>		ADDRESS <b>7814 S. BROADWAY ST. LOUIS, MISSOURI</b>			

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

520 (Licensed Embalmer's Statement on Reverse Side)

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 *Harry J. Schenck*.....

Licensed Embalmer No. *264*

P. O. Address *7814 Spruce*

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.