WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31468

OCT 28 1935

1. PLACE OF DEATH

County St. Louis — Registration District No. Missouri 1123 — File No.

Township — Primary Registration District No. 6248B — Registered No. 316

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME KAESTNER, Louis W.

(a) Residence, No. 113 Little Broadway St., Ward. Luxemburg, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unyrs. knomos. wnds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF —
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 5, 1889

7. AGE: Years 45 — Months 11 — Days 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Repairer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unavail.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Renault, Illinois

FATHER

13. NAME Daniel Kaestner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benault, Illinois

MOTHER

15. MAIDEN NAME Justine Koch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benault, Illinois.

17. INFORMANT W. C. Gibson, M.D.
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tulte, Ill. DATE Sept. 12, 1935

19. UNDERTAKER G. A. Dashner
(ADDRESS) Redbud, Ill.

20. FILED Sept 10, 1935 L. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1935 to September 10, 1935

I last saw him alive on September 10, 1935 Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of liver, portal type — Date of onset Unkn.

Other contributory causes of importance:
None

Name of operation None — Date of

What test confirmed diagnosis? History, physical x-ray, laboratory finding and clinical manifestations. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. Gibson M. D., Chief Med. Officer

(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

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