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

Do not use this space.

File No. 35972
Registered No. 9595

1. PLACE OF DEATH OCT 5 1936
County ..... Registration District No. 781
Township ..... Primary Registration District No. 1003
City St Louis, Mo (No. Isolation Hospital St. ..... Ward)

2. FULL NAME Helen Kastner
(a) Residence, No. 2920 Indiana St., 24 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May. 23 1932

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 4 | 3 | 26 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis. Mo.
(STATE OR COUNTRY)

FATHER
13. NAME Frank Kastner
14. BIRTHPLACE (CITY OR TOWN) Hungary
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Margarite Laffler
16. BIRTHPLACE (CITY OR TOWN) Hungary
(STATE OR COUNTRY)

17. INFORMANT A. Lane
(ADDRESS) 5600 Arsenal.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New S.S. Peter & Paul DATE Sept 21 1936

19. UNDERTAKER Thos Kutis
(ADDRESS) 2906 Gravois Ave

20. FILED SEP 21 1936 J. F. Bredeck
Registrar.

## MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18 - 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ..... 10:00 P. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia, cause unknown | |
| (Hemolytic Streptococcus) | |
| Cause undetermined - no trauma | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) [illegible], M. D.
(Address) [illegible]
9/21/36

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.

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

100M-1-20-36 I X7044