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OCT 26 1937MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35398

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis
(b) Township Jefferson
(c) City Richmond Heights
(e) Length of residence in city or town where death occurredRegistration District No. 1170
Primary Registration District No. 6248-H
(d) Street No. St. Marys HospitalRegistered No. 207

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME August Kastner(a) Residence, No. 2344 Park Ave.St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louisa Kastner6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 6th. 1872.7. AGE YEARS 65 MONTHS 2 DAYS 5 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Manager
9. Industry or business in which work was done, as saw mill, bank, etc. Rooming House
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GermanyFATHER 13. NAME Frank Kastner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UnknownMOTHER 15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Louisa Kastner
(ADDRESS) 2344 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New St. Marcus DATE Sept. 13- 193719. FUNERAL DIRECTOR Wacker-Helderle
(ADDRESS) 2331 S. Broadway20. F. SEP 12 1937 Sam A. Bassett
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11th. 193722. I HEREBY CERTIFY, That I attended deceased from Aug 16 1937 to Sept 11 1937I last saw him alive on Sept 10 1937 Death is said to have occurred on the date stated above, at 2.30 A.M.

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

General Peritonitis - Post operation
Myocardial Degeneration
Coronary Arteriosclerosis
Obdurate Perineal Abscess
Prostate of BladderOther contributory causes of importance:
Coronary ArteriosclerosisName of operation Prostate of Bladder
What test confirmed diagnosis? Was there an autopsy? Yes23. 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 injury24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Sam A. Bassett M. D.
(Address) Sam A. Bassett

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STATEMENT BY LICENSED EMBALMER

I, Frank J. Hyland, Licensed Embalmer No. 2645
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. 2645 or by, Registered Apprentice No.
working under my personal supervision.

Signed Frank J. Hyland
Licensed Embalmer No. 2645

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.)