

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

30050
Do not use this space.

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.

1. PLACE OF DEATH **SEP 14 1939**

(a) County St. Charles Registration District No. 757
 (b) Township _____ Primary Registration District No. 3036 Registered No. 115
 (c) City St. Charles, Mo. or _____ (d) Street No. 727 Jefferson St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 66 yrs. 11 mos. 20 ds. (f) How long in U. S., if of foreign birth? ~ yrs. ~ mos. ~ ds.

2. PRINT FULL NAME Charles Henry Kansteiner

(a) Residence, No. 727 Jefferson St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19, 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>66</u>	<u>11</u>	<u>20</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Abstractor

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

10. Date deceased last worked at this occupation (month and year) May 1939 11. Total time (years) spent in this occupation. 44 yrs.

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

FATHER

13. NAME John F. Kansteiner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mary Scheips

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Brother - St. Louis, Mo. Henry Kansteiner

18. BURIAL, CREMATION, OR REMOVAL ST. PETERS CEMETERY
 PLACE St. Charles, Mo. DATE Aug 11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.C. Dallmeyer & Sons St. Charles, Mo.

20. FILED 8/10 1939 Clarence G. Mearns Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1939 to August 1939
 I last saw him alive on Aug 9 1939. Death is said to have occurred on the date stated above, at 6:20 Am.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of the stomach with multiple metastasis.

Date of onset

Other contributory causes of importance:
Rupture of stomach with hemorrhage

Name of operation none Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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? no
 If so, specify _____
 (Signed) D. S. Brantner, M. D. / J. R. Norden, M. D.
 (Address) St. Louis, Mo. / St. Charles, Mo.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.