

Registration District No. 257

Primary Registration District No. 5998

Registrar's No. 70

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(c) Name of hospital or institution:
Emmans Home
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME Frederick KIESSLING
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced, widow
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 13 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____
12. Name Fred Pfunder
13. Birthplace Germany
14. Maiden name Barbara Pfund
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Theophil Stalper
(b) Address Emmans Home, St. Charles
17. (a) Burial (b) Date thereof 1-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Budewieden Funeral Home
(b) Address 1936 St. Louis
19. (a) 1/20/40 (b) Clarence H. Theule
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St. Louis
(d) Street No. _____
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan 19 day 19 January
year 1940 hour 11 minute 20 A.M.
21. I hereby certify that I attended the deceased from Dec 9 1935 to Jan 19 1940
that I last saw her alive on Jan 18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis
Due to _____
General Arterio Sclerosis
Other conditions none
Major findings: Of operations none Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature W. P. Erich Schaub
Address St. Charles, Mo. Date signed 1/19/40

WHILE PLAINLY USE UNFADING BLACK INK—MAKE 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.

FILED FEB 19 1940

3

1940

MOTHER FATHER

Duration

5 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Specify type of place)

(a) Means of injury

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 Arthur C. Paul

Licensed Embalmer No. 3155

P. O. Address St Charles, Mo.

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.