

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 Days 1 (Specify whether years, months or days)  
In this community 44 yrs  
years, months or days)

8. (a) PRINT FULL NAME Henry Kistenmacher  
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emma Kistenmacher 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased Sept 16 1853  
(Month) (Day) (Year)

8. AGE: Years 88 Months 1 Days 17 If less than one day hr. min.

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

10. Usual occupation Maintenance Worker

11. Industry or business Retired 20 yrs

12. Name Fred Kistenmacher  
13. Birthplace Minnetonka Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Minnie Bruns  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Clare Lowell  
(b) Address 5405 S. Broadway

17. (a) Burial (b) Date thereof Nov 5-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset

18. (a) Signature of funeral director Southern  
(b) Address 6322 S. Grand Blvd

19. (a) NOV 4 1940 (b) J. Broedel  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St Louis 15  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5405 S. Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 47 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 1 year 1940 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and how stated above.

Immediate cause of death Right Pneumonia  
Lobar Pneumonia

Due to suffered in fact from  
flu virus to grand  
below a distance

Other conditions (Include pregnancy within 3 months of death)  
about 4 feet on Sept 19, 1940  
Major findings about 6:45 Pm  
Of operation

Of autopsy Accidental

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence Sept 19 - 1940

(c) Where did injury occur? St Louis  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? None  
(Specify type of place) (e) Means of injury 5

23. Signature J. Broedel (M.D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.....

*Virgil L. Berryman*

Licensed Embalmer No. ....

*4018*

P. O. Address.....

*St Louis 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.**