

No. 2
4-13-40
5-17-39

State File No.

Registration District No. 284

Primary Registration District No. 115

Registrar's No. 2140

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7311 Westmoreland Drive.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days 3

3. (a) PRINT FULL NAME Edwin A. Kieselhorst.

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Estelle 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 7, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65	11	4	_____ hr. _____ min.
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9. Birthplace St. Louis
(City, town, or county) (State or foreign country)

10. Usual occupation Retired piano merchant

11. Industry or business _____

MOTHER FATHER { 12. Name John A. Kieselhorst,

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Adale Homeyer

15. Birthplace Alton, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Wallace W. Kieselhorst,

(b) Address 12 Southmoor Dr.

17. (a) Burial (a) Date thereof 11/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellevuefontaine

18. (a) Signature of funeral director [Signature]

(b) Address Clayton Rd. at Concordia Lane

19. (a) NOV 14 1940 (Date received local registrar)
[Signature] (Registrar's signature) A.K.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Clayton
(If outside city or town limits, write "RURAL")

(d) Street No. 12 Southmoor Dr.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1940 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from March 18th
1932 to Nov. 11, 1940
that I last saw him alive on Oct 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive heart disease

Due to 95% 2

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 3720 Washington Blvd. Date signed 11/12/40

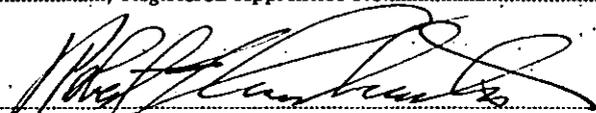
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

5106

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. 1994

P. O. Address St. Louis.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.