

No. 2
4-13-40
5-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19085

FILED JUN 6 1941

Registration District No. 284

Primary Registration District No. 115

Registrar's No. 1052

1. PLACE OF DEATH St. Louis

(a) County St. Louis

(b) City or town Richmond Heights

(c) Name of hospital or institution 37 Ridgetop
(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. (a) PRINT FULL NAME Ernst Kist

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

6. (a) Single, widowed, divorced Widowed

6. (b) Name of husband or wife Marie Kist

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

7. Birth date of deceased October 22, 1859
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>81</u> | <u>6</u> | <u>25</u> | hr. _____ min. |

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

10. Usual occupation Retired Salesman

11. Industry or business Brewery

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Carl E. Brueckner

(b) Address 37 Ridgetop

17. (a) Burial (b) Date thereof May 19, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. F. Paschedag

(b) Address 2825 N. Grand Blvd.

19. (a) MAY 17 1941 (b) D.R. Meyers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 9683

(a) State Missouri (b) County _____

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

(d) Street No. 37 Ridgetop
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th
year 1941 hour 5 minute 20A M.

21. I hereby certify that I attended the deceased from Nov _____, 1941, to May - 17 _____, 1941:
that I last saw him alive on May - 17 _____, 1941:
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
nephrosclerosis, arterio-
sclerosis

Duration acute

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Due to _____

Due to _____ 93 1/2

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

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence NO

(c) Where did injury occur? NO
(City or town) (County) (State)

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

While at work? _____ (Specify means of injury) _____

23. Signature Clayton R. Cole (M. D. or other) D

Address 505 Century City Date signed 5-17-41

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 *Wulford G Burnley*.....

Licensed Embalmer No. *4202*.....

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, fact should be so stated above.