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13-40
7-39
X23159

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **5171**

1. PLACE OF DEATH:

(a) County _____
(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 #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 Days**
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **John Kistner**

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 **Wife Dead** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 26** **1854**
(Month) (Day) (Year)

8. AGE: Years **87** Months **0** Days **26** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Retired Night Watch Man**

11. Industry or business _____

MOTHER FATHER { 12. Name **Markus Kistner**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Not known**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hawley Kistner**
(b) Address **1112 a Habert**

17. (a) **Burial** (b) Date thereof **JUNE 25TH**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem**

18. (a) Signature of funeral director **Edward Koch**
(b) Address **3516 N 14th str**

19. (a) **JUN 24 1941** (b) **J. Thibodeau**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **000**
(c) City or town **St Louis Mo**
(If outside city or town limits, write "RURAL") **1726**
(d) Street No. **1112 A n 11 Th str**
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23**,
year **1941** hour **8:10** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 18**, 19**41**, to **June 23**, 19**41**,
that I last saw him alive on **June 23**, 19**41**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Atherosclerosis**

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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)
Means of injury _____

23. Signature **M. K. Karp, M.D.** (M/D/Y) **41**
Address **1515 Lafayette Ave.** Date signed _____

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

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,

Harry J. Schumacher

Licensed Embalmer No. *2679*

P. O. Address *732 Fenway*

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.