S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 19[illegible]

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22886

Primary Registration District No. 1003

Registrar's No. 6527

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Firmin Desloge Hospital
(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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town Saint Louis, 5 2
(If outside city or town limits, write "RURAL")

(d) Street No. 4815 Sigel Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Kister, Fred

3. (b) If veteran, name war

3. (c) Social Security No. 497-05-6725

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Margaret Kister

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June (Month) 19th (Day) 1886 (Year)

8. AGE: Years 56 Months 1 Days 12 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Austria 4 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name ? Kister
13. Birthplace Unknown (City, town, or county) Austria 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Austria 4 (State or foreign country)

16. (a) Informant Margaret Kister
(b) Address 4815 Sigel

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 4, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Freyenhein Bros.
(b) Address 6409 Gravois Ave.

19. (a) Aug 2 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1 year 1942 hour 4 minute 41 A M.

21. I hereby certify that I attended the deceased from July 1st, 1942, to August 1, 1942, that I last saw him alive on August 1, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized Peritonitis	about 5 days
Due to: Rupture of ulcer - transverse colon	
Due to: Ulcerative Colitis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ulcerations of Colon
Of autopsy Same - + perforation

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) 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? (e) Means of injury

23. Signature Louis T. Moore (M. D. or other)
Address Desloge Hospital Date signed August 1-42

(Licensed Embalmer's Statement on Reverse Side)

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 V. E. Morris

Licensed Embalmer No. 3360

P. O. Address 6409 Dravois Ave

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.