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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4384

State File No.

FILED FEB 18 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1225

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. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks.
(Specify whether
In this community 40 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 00

(a) State Missouri. (b) County 12

(c) City or town St. Louis. 26
(If outside city or town limits, write "RURAL")

(d) Street No. 3510a N. 21st. St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary Kanstinger.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Late William Kanstinger.

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

7. Birth date of deceased August 15 1863.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	5	21	hr. min.

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

10. Usual occupation Housework.

11. Industry or business

FATHER
12. Name John DeWitt.
13. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helena Schilling.
15. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Charles DeWitt.
(b) Address 2209 Park Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-43.
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) FEB 8 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 6
year 1943 hour 2 minute 25 P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of right Hip Arteriosclerosis when she stepped and fell down three concrete steps leading from her front yard to brick pavement at her Home 1-2-43 about 9 pm

Due to

Other conditions 186
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident 000
(b) Date of occurrence 1-2-43
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)
While at work? No (e) Means of injury Fall

23. Signature Thomas F Callanan (M.D. or other)
Address Deputy Coroner Date signed 2-8-43

(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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis 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.