

FILED APR 3 1943 318
Registration District No.

Primary Registration District No. 1003

State File No.
Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
5883 Delor Ave.
(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:

(a) State Mo. (b) County 000
17

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

(d) Street No. 5883 Delor Ave. 14
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles C Kist

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or Race White

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

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

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Sept. 21st 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 2
If less than one day _____ hr. _____ min.

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

10. Usual occupation Building Contractor

11. Industry or business _____

MOTHER FATHER { 12. Name Charles W. Kist

13. Birthplace Philadelphia, Penna.
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Hanemann

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

16. (a) Informant Mrs. Charles Kist

(b) Address 5883 Delor Ave.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 9-26-43
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAR 25 1943 J. F. Busack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd
year 1943 hour _____ minute A.M.

21. I hereby certify that I attended the deceased from Oct. 14 1941 to Mar 20 1943

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma metastasis
Duration 2 yrs

Due to Carcinoma of Bladder 3 years
Urinary

Due to 57 yr

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

PHYSICIAN _____

Major findings: Ca of Bladder

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? _____

23. Signature J. F. Busack 0
(Specify type of place) (a) Means of injury

Address 3621 Grand St Date signed 3/23/43

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

Dr. Edmund

3651

Handled by

9-4-80

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

Edmund A. Mc Dermott

Licensed Embalmer No.

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.