

S. No. 2  
JM-243  
5-17-36  
I X3897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19762  
State File No. \_\_\_\_\_  
Registrar's No. 5947

FILED JUL 8 1943

318

Primary Registration District No. 1003

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:  
Barnard Free Skin and Cancer Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo 24 days  
(Specify whether  
In this community 25 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2477 N. Spring  
(If rural, give locality)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Emma A. Kistner

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or white 6. (a) Single, widowed, married, 1 divorced 1 race Poland

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_  
alive \_\_\_\_\_ years

7. Birth date of deceased 4 7-16-91  
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace not known Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business \_\_\_\_\_

12. Name Bill De Witt

13. Birthplace 9 Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Angeline Cook

15. Birthplace 9 Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Barnard West Records

(b) Address 3427 Washington Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 29, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Jackson Mo

18. (a) Signature of funeral director R. H. Miller

(b) Address Jackson Mo

19. (a) JUN 29 1943 (Date received local registrar) J. F. Brudack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28  
year 1943 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4/23/43  
\_\_\_\_\_, 19\_\_\_\_, to 6/28/43, 19\_\_\_\_;  
that I last saw h. en alive on 6/28/43, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cellulitis of abdominal wall Duration 6 days

Due to Wound infection 8 days

Due to Resection of recto-sigmoid 11 days

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Carcinoma of rectum PHYSICIAN \_\_\_\_\_  
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) (c) Means of injury \_\_\_\_\_

23. Signature Howard M. Clarke (M. D. or other) \_\_\_\_\_  
Address Barnard Free Skin and Cancer Hosp Date signed 6/29/43

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 *Gene C. Crockett*

Licensed Embalmer No. 4327

P. O. Address Jackson, Mo

**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.**