

V. S. No. 2
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 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED JAN 31 1944
 STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 213

Registration District No. 317
 Primary Registration District No. 3063

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
 (d) Street No. 1167 Simmons
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Joseph Kister
 (b) If veteran, name war ---
 (c) Social Security No. ---

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 1-23-44 day _____
 year _____ hour 9:30 minute P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Mildred Kister
 (c) Age of husband or wife if alive -65 years
 7. Birth date of deceased 3-30-1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-20-44, 19____, to 1-23-44, 19____
 that I last saw him alive on 1-23-44, 19____
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 9 23 _____ hr. _____ min.

Immediate cause of death:
1. Respiratory failure
2. Shock
 Due to Hypertensive heart disease
cardiac asthma
 Due to Angina

9. Birthplace Bowling Green Ky.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation None
 11. Industry or business _____
 12. Name Francis Kister
 13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
 14. Maiden name Frances Fritz
 15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy 92d

16. (a) Informant Joe Kister Jr
 (b) Address 615 E. New
Bureau Removal
 17. (a) _____ (b) Date thereof JAN 27 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bowling Green, Ky.

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?

18. (a) Signature of funeral director Beauregard James
 (b) Address 1936 St. Louis Ave.
 19. (a) JAN 26 1944 (b) E. G. (Mrs) Barron, M.D.
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
 (c) Manner of injury _____
 23. Signature J. Carrish (M. D. or other)
 Address County Hospital Date signed 1-24-44

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.....

Felix J. Krupar

Licensed Embalmer No. *3497*

P. O. Address. *1936 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.