V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25694

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 1641

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: #6 Ridgemoor Drive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. #6 Ridgemoor Dr
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country N

3. (a) PRINT FULL NAME Mary Kistenmacher
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Charles Kistenmacher
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 13th, 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	4	18	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo N (State or foreign country)
10. Usual occupation At Home
11. Industry or business
MOTHER FATHER
12. Name Fred Freimuth
13. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name Unknown
15. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Charles F. Kistenmacher
(b) Address #6 Ridgemoor Drive
17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 8/2/44 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Mausoleum
18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Road
19. (a) AUG 3 - 1944 (Date received local registrar) (b) E. D. McDowell, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st year 1944 hour 12:40 minute P M.
21. I hereby certify that I attended the deceased from July 1, 1943 to 7/31/44, 19..; that I last saw her alive on 7/31/44, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 97	
Major findings: Of operations	
Of autopsy	

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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature M. L. Smith (M. D. or other)
Address 4300 Manchester Ave Date signed 8/1/44

(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1945

SEP 18 1944

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 Edward K Bockhorst

Licensed Embalmer No. 2502

P. O. Address Clayton 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.