

S. No. 2
1-3-43
5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38662

State File No. _____

FILED DEC 13 1944

Registration District No. 370

Primary Registration District No. 3058

Registrar's No. 164

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
826 Jefferson St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 826 Jefferson St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Frank Kister

3. (b) If veteran, name war No 3. (c) Social Security No. 492-09-8350

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Antoinette (Dilka) Kister alive _____ years
6. (c) Age of husband or wife if _____ years
7. Birth date of deceased May 21 1917
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation Assistant District Manager

11. Industry or business American Car & Foundry

MOTHER FATHER { 12. Name Kenny Kister
13. Birthplace Alsace, Germany
(City, town, or county) (State or foreign country)
14. Maiden name Regina Boscheit
15. Birthplace Alsace, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Antoinette Kister

(b) Address 826 Jefferson, St. Charles, Mo.

17. (a) Burial (b) Date thereof Nov. 23, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem., St. Charles, Mo.

18. (a) Signature of funeral director N.C. Dalmeyer & Sons
(b) Address 801 N. Second, St. Charles, Mo.

19. (a) 11-21-1944 (b) Conrad E. Peule
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 44 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from 8/19 43 to 10/19 44
that I last saw him alive on 10/19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 20 hours

Due to Generalized Intoxic Sclerosis
Essential Hypertension

Due to _____
Other conditions Coronary Thrombosis 8/19/43
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy No 9/40

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? No

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Rothman MD (M. D. or other)
Address St. Charles, Mo. Date signed 11/23/44

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

FEB 8 1948

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed _____

12-12-47

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 _____

John E. Dellmeyer

Licensed Embalmer No. 9951

P. O. Address _____

St Charles 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.