

FILED MAR 3 1945

318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Pacific Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 32 days  
(Specify whether \_\_\_\_\_)  
In this community 48 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7034 Ethel  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME mes Louise Ernestine Kienzle  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
40. DATE OF DEATH: Month Feb day 15  
year 1945 hour 11 minute 50 P. M.  
21. I hereby certify that I attended the deceased from Feb 12  
1945, to Feb 15, 1945;  
that I last saw h. her alive on Feb 15 45, 1945;  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Charles A 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased December 19 1877  
(Month) (Day) (Year)

Immediate cause of death:  
Cardiac Degeneration  
Renal Arteriosclerosis  
Hypertension  
Ch. myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>1</u>	<u>27</u>	hr. min.

9. Birthplace Staunton Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_  
12. Name Christoph Fisher  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Katherine Conrad  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant John Kienzle, Son  
(b) Address 7034 Ethel, St. Louis, Mo.  
17. (a) Burial (b) Date thereof Feb 19 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pilgrims Rest St. Louis, Mo. Cem.  
18. (a) Signature of funeral director Beiderwieden F H Inc  
(b) Address 1936 St. Louis Avenue  
19. (a) FEB 19 1945 (b) J. F. Brodeur  
(Date received local health officer) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(c) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(d) Date of occurrence \_\_\_\_\_  
(e) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(f) 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 Dr. J. F. Brodeur (M. D. or other) Med  
Address Missouri Dept. of Health Date signed 2-15-45

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 Delix J. Kraspin  
Licensed Embalmer No. 3497  
P. O. Address 1936 St. Louis

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.