

FILED MAR 5 1945

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 529

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

(b) City or town Richmond Heights, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1400 Ranken Drive /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether)

In this community Unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Richmond Heights 96
(If outside city or town limits, write "RURAL")

(d) Street No. 1400 Ranken Drive 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0 2
If yes, name country

3. (a) PRINT FULL NAME Lottie E. Kieselhorst

3. (b) If veteran, name war. -

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1945 hour 12 minute 38 P. M.

4. Sex Female / Color White / race

6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Henry A.

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Jan. 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1942 to Feb. 21 1945;
that I last saw her alive on Feb. 10, 1945, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	53	1	16	hr. min.

Immediate cause of death: Respiratory Heart Disease 5 yrs.
Chronic Nephritis 5 yrs.
Due to: Renal Hypertension - chronic 5 yrs +
Hypertension 5 yrs.

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

10. Usual occupation Home

Due to: _____

Other conditions (Includes pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name Frank Reinhardt

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

14. Maiden name Emma Reed

15. Birthplace Unknown (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 Henry A. Kieselhorst

(b) Address 5816 Easton Ave.

17. (a) Burial (b) Date thereof Feb. 23, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Wacker Helderle
(b) Address 3634 Gravois Ave.

19. (a) FEB 24 1945 (b) Dr. E. G. M. ...
(Date received from registrar) (Registrar's signature)

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? _____ (c) Means of injury _____

23. Signature Louis J. Githen (M. D. or other) M.D.
Address 3220 97th St. Date signed 2-21-45

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

16
8
3

MAY 10 1949

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..... *Robert C. Wheeler*

Licensed Embalmer No. *2128*

P. O. Address..... *Stam...*

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.