S. No. 2
JM—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11424

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3497

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:
5800 Arsenal Str 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 5 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 006

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal 13
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Herman J. Kistner

3. (b) If veteran, name war None

3. (c) Social Security No. 333-01-9069

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March 11. 1884
(Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Salisbury Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Frank Kistner
13. Birthplace Germany 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbara Kraessig
15. Birthplace Germany 11
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Kistner
(b) Address 7441 Church Lane, E. St. Louis 13

17. (a) Burial (b) Date thereof 4/21/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel, Bellville, Ill

18. (a) Signature of funeral director [signature]
(b) Address 2117 E. Grand Blvd

19. (a) APR 20 1945 (b) S. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1945 hour 2 minute 15a M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation due to hanging when deceased was found in the washroom at the City Infirmary with a rope around his neck on April 19. 1945 at about 2:10 A.M.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 164a

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) Suicide

(b) Date of occurrence April 19 1945

(c) Where did injury occur? [illegible]
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
(Specify type of place)

While at work? (e) Means of injury Cs above

23. Signature Alfred Perry (M. D. or other)

Address [illegible] Date signed 4/19/45

(Licensed Embalmer's Statement on Reverse Side)

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand.

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.