

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED DEC 21 1945
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2911 Cherokee
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
Life,

In this community _____ 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. 2911 Cherokee,
(If rural, give location)

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

3. (a) PRINT FULL NAME Katherine Kissell.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female **5. Color or race** White

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

6. (b) Name of husband or wife. Michael

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

7. Birth date of deceased. November 14, 1858
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>87</u> | <u>0</u> | <u>22</u> | _____ hr. _____ min. |

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

10. Usual occupation. Housewife,

11. Industry or business _____

MOTHER FATHER

12. Name. Peter Reinhard.

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

14. Maiden name. Christina Hoffman,

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

16. (a) Informant. Christina Horst,

(b) Address. 2911 Cherokee

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof.** 12/10/45
(Month) (Day) (Year)

(c) Place: burial or cremation. New Picker Cemetery

18. (a) Signature of funeral director. Oscar J. Hoffmeister

(b) Address. 4016 Chippewa.

19. (a) DEC 10 1945 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
year 1945 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from 10-21
_____, 1944, to 12-6, 1945

that I last saw h. alive on 12-6
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration **Duration** 1 yr

Due to Senility **Duration** 2 yrs

Due to _____

Other conditions 93
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature. S. A. Hester (M. D. or other) MO

Address. 439 B. Ave. **Date signed.** 12/8/45

10685

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STATEMENT BY LICENSED EMBALMER, 1917

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.....

Henry M. Brammer

Licensed Embalmer No.

4200

P. O. Address.....

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.