

No. 2  
-5-43  
-17-39  
X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7629

State File No. \_\_\_\_\_

**FILED** FEB 20 1946  
Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **1442**

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:  
**5411 Tennessee**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
in this community **72 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **1577**  
(d) Street No. **5411 Tennessee**  
(If rural, give location) **9**  
(e) Citizen of foreign country? **No** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **9**,  
year **1946** hour **8:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **12/2/45** to **2/6/46** 19\_\_\_\_; that I last saw him alive on **2/6/46** 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Infarction?**  
Due to **Ch. Intermittent Reptite?**

Other conditions (Include pregnancy within 3 months of death) **13/1**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **Walter J. Evans** (M. D. & other) \_\_\_\_\_  
Address **4535 Virginia** Date signed **7/9/46**

3. (a) PRINT FULL NAME **Daniel C. Kisker**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **496-22-0296**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ida F. Naehrer** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **February 2, 1874**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **0** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Sign Writer**

11. Industry or business **Famous Barr Company**

12. Name **John Henry Kisker**

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

14. Maiden name **Louise Ladaga**

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

16. (a) Informant **Mrs. Ida F. Naehrer**

(b) Address **5411 Tennessee**

17. (a) **Burial** (b) Date thereof **2/12/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concordia Cemetery, Beiderwieden F. H., Inc.**

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address **1936 St. Louis Avenue**

19. (a) **FEB 12 1946** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Dr. Willard J. Hans  
4535 Virginia  
10-11, 7-8

**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. *W. W. Hans*

Licensed Embalmer No. *2737*

P. O. Address. *1936 St. Louis Ave.*

**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.**