

S. No. 2
DM-5-43
v. 5-17-39
I X38671

11301

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED MAR 20 1948 STANDARD CERTIFICATE OF DEATH
1003

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2414**

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

1. PLACE OF DEATH:

(a) County ST. LOUIS, MO

(b) City or town ST. LOUIS, MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
CITY ISOLATION HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 months
(Specify whether years, months or days)

In this community 61 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CITY

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 ARSENAL ST.
(If rural, give location)

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

3. (a) PRINT FULL NAME ELIZABETH KASTEN

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 WIDOW

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

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

7. Birth date of deceased II II 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>4</u>	<u>0</u>	hr. min.

9. Birthplace Oakville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
Home

MOTHER FATHER

11. Industry or business Home

12. Name HERMAN LEINKUEHLER

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

14. Maiden name Unknown

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

16. (a) Informant CITY INFIRMARY RECORDS

(b) Address 5800 ARSENAL ST.

17. (a) Burial (b) Date thereof 11/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehm Cem.

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20 Street

19. (a) MAR 12 1948 (b) J.F. Bieleck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 3 day II
year 1946 hour I minute 15 AM

21. I hereby certify that I attended the deceased from Oct. 18, 1945
to Mar. 11, 1946

that I last saw her alive on Mar. 10, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Carcinoma of bladder

Other conditions Urinary
52

Major findings:
Of operations Hydronephrosis, rt. Carcinoma of bladder

Of autopsy Hydronephrosis, rt. Carcinoma of bladder

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 J. E. Delaney (M.D., P. or other) _____

Address 5800 Arsenal Date signed 3/11/46

PHYSICIAN

Duration _____

Underline the cause to which death should be charged statistically.

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed A. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 2626 1/2 Union Bl

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.