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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14204

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 50

92
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: St. Joseph Home 723 Clay Street (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 723 Clay Street (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Regina Kister

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 28 (Day) 1879 (Year)

8. AGE: Years 66 Months 6 Days 5 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Housework

FATHER
12. Name Henry Kister
13. Birthplace Alsace (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Regina Walters
15. Birthplace Alsace (City, town, or county) France (State or foreign country)

16. (a) Informant Hubert Kister (nephew)

(b) Address St. Charles, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar (Month) 5 (Day) 1946 (Year)

(c) Place: burial or cremation St. Peter St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co

(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) 3/10/46 (Date received local registrar) (b) Samuel Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1946 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from April 4, 1945, to March 2, 1946 that I last saw her alive on March 2, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Cardiac Decompensation	1 wk
Due to Essential Hypertension	?
generalized Arteriosclerosis	?
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	?
Old. Left Hemiplegia	?

Major findings:
Of operations
Of autopsy No

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 No

(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? (e) Means of injury

23. Signature R. O. Hayden (M. D. or other) MD

Address St. Charles, Mo. Date signed 3/5/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number ~~[illegible]~~
Date Filed 4-16-46

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 Philip A. Miceli, Registered Apprentice No. 388, working under my personal supervision.

Signed John E. Dallmeyer
Licensed Embalmer No. 2951
P. O. Address St Charles Mo.

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.