No. 2
12-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

Registration District No. 31

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7414

Primary Registration District No. 6076

Registrar's No. 527

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Rural Pine Lawn, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4416 Edgewood
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saint Louis 96

(c) City or town Rural Pine Lawn, Missouri 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4416 Edgewood 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME HULDA KANSTEINER

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Late Gus Kansteiner

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

7. Birth date of deceased Nov. 28th, 1876
(Month) (Day) (Year)

8. AGE: Years 70 | Months 3 | Days 10 | If less than one day, ... hr. ..... min.

9. Birthplace Saint Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business .....

FATHER
12. Name Anton Zachow
13. Birthplace ..... Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Mueller
(b) Address 8556 Park Lane Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 11, 1947
(Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Blvd.

19. (a) 3-11-47 (Date received local registrar) (b) Ruth G Allen MD MSA (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1947 hour 5 minute 43 A.M.

21. I hereby certify that I attended the deceased from Mar 1-1946, 19..., to Mar 8, 1947
that I last saw her alive on Mar 7, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration
General abdominal Carcinomatosis -?

Due to .....

55 -

Due to .....

Other conditions .....
(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? 0
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature John G McInnes (M. D. or other) MD

Address 1014 Thekla av Date signed 3/10/47

(Licensed Embalmer's Statement on Reverse Side)

APR 10 1943

5014 Theresa
11-1 pm

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 Ralph C. Lindsay

Licensed Embalmer No. 4275

P. O. Address St. Louis, 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.