

FILED AUG 23 1948
318

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

27881

State File No. 7079

Registrar's No. 7079

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..... **Jewish Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Christopher Kainz**3. (b) If veteran,
name war.....3. (c) Social Security No. **488-05-7548**

4. Sex..... **Male** 5. Color or race..... **White**
6. (a) Single, widowed, married, divorced..... **Married**
6. (b) Name of husband or wife..... **Agnes Mikits**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... **July 25 1893**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	0	14	hr. min.

9. Birthplace..... **Austria**
(City, town, or county) (State or foreign country)10. Usual occupation..... **Ice**

11. Industry or business.....

12. Name..... **Frank Kainz**13. Birthplace..... **Austria**
(City, town, or county) (State or foreign country)14. Maiden name..... **Unknown**15. Birthplace..... **"**
(City, town, or county) (State or foreign country)16. (a) Informant..... **Frank C. Kainz**(b) Address..... **4646 Penrose St.**17. (a) **Burial** (b) Date thereof..... **8/13/48**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation..... **Calvary**18. (a) Signature of funeral director..... **Stroot-Carroll**(b) Address..... **4600 Natural Bridge Ave.**19. (a) **AUG 12 1948** (b) **J. F. Bruders**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State..... (b) County..... **ST. LOUIS**
(c) City or town..... **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No..... **4646 Penrose St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Aug.** day..... **9**
year..... **1948** hour..... **6** minute..... **45** P. M.

21. I hereby certify that I attended the deceased from..... **8-4-48**
..... 19..... to..... **8-9-**..... 19..... **48**
that I last saw him alive on..... **8-9-**..... 19..... **48**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Perforation of ascending aorta with large dissecting aneurysm**
Due to..... **arterio-sclerosis & hypertension**
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations..... **None**Of autopsy..... **Same as above**

PHYSICIAN

Underline the cause of 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?.....

(Specify type of place)

While at work?..... (Specify means of injury)

23. Signature..... **Rolander Stueber** (M-D, or other)Address..... **4627 Taylor** Date signed..... **8-12-48**

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.....

J. Allen Davis

Licensed Embalmer No. *#4053*

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.