

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2895

318

1003

663

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>unknown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Masonic Home of Missouri.</u>				d. STREET ADDRESS (If rural, give location) <u>5351 Delmar</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Conrad</u> b. (Middle) <u>J</u> c. (Last) <u>Kinzel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 22 49</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 30, 1876</u>		
9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>4</u>		10. DAYS <u>22</u>		10. HOURS <u>  </u> MIN. <u>  </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocery clerk &amp; meat cutter</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			13a. FATHER'S NAME <u>John Kinzel</u>		13b. MOTHER'S MAIDEN NAME <u>Marie -- Stahl</u>		14. NAME OF HUSBAND OR WIFE <u>Frieda Siegmund</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Nohe</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clara Rothe</u>		ADDRESS <u>5351 Delmar Blvd.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>94 a</u> <u>2444</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u>  <u>2 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Oct. 25</u> , 19 <u>47</u> , to <u>Jan. 22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan. 22</u> , 19 <u>49</u> , and that death occurred at <u>7:00A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Dorothy L. ...</u> (Degree or title) _____				23b. ADDRESS <u>508 N. Grand</u>		23c. DATE SIGNED <u>1-22-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 24, 1949.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>10180 Gravois Road.</u>		
DATE REC'D BY LOCAL REG. <u>JAN 24 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Zeigler Bros.</u>		ADDRESS <u>6409 Gravois Ave.</u>		

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

899

---

---

**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 \_\_\_\_\_

..... Student Embalmer No. ....

working under my personal supervision.

Signed

*Henry M. Brammer*

Signed .....

Student Embalmer

Licensed Embalmer No. 4200

P. O. Address St. Louis

**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.