

No. 300  
10-48

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20992

State File No. 4869

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY One	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 4 Yrs		d. STREET ADDRESS (If rural, give location) 24 1924 Arsenal Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1924 Arsenal Street			

3. NAME OF DECEASED a. (First) Kate b. (Middle) c. (Last) Fast			4. DATE OF DEATH (Month) (Day) (Year) June 2, 1949	
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 10, 1883		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days		IF UNDER 18 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY Warren Shapleigh			11. BIRTHPLACE (State or foreign country) Crystal City, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Jacob Wolf			13b. MOTHER'S MAIDEN NAME Rose Glaser			14. NAME OF HUSBAND OR WIFE Clyde Fast		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Mrs. Christina Schweiger, 1924 Arsenal St.		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction						5 days	
			ANTECEDENT CAUSES							
			Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
			DUE TO (b)							
			DUE TO (c)							
			II. OTHER SIGNIFICANT CONDITIONS							
			Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION 6/11/49		19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction (Released)				20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) 121	
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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? 5703	
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22. I hereby certify that I attended the deceased from 5/31/49, 19, to 6/2/49, 19, that I last saw the deceased alive on 6/2/49, and that death occurred at 10:25 Am., from the causes and on the date stated above.

23a. SIGNATURE CE Stindel, M. D. U		23b. ADDRESS 3701 Grand St. Sq.		23c. DATE SIGNED 6/3/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery, Festus, Missouri		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL JUN 3 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. INC., 1936 St. Louis Avenue		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

X Intestinal obstruction

Dr. Theo. Hanser  
3701 Grandel Square

2:4:30 Every day except Friday

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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.

Student .....  
Student Embalmer

Signed

*Neale Paulson*

Licensed Embalmer No. 4114

P. O. Address 1936 St Louis Ave

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.