

FILED AUG 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28890**

BIRTH MO. _____		REG. DIST. NO. <u>1817</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1906</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give township) Florissant		a. STATE Missouri		b. COUNTY St. Louis	
c. CITY (If outside corporate limits, write RURAL and give township) Bel Nor		c. LENGTH OF STAY (In this place) 3 1/2 Months		c. CITY (If outside corporate limits, write RURAL and give township) Bel Nor		10	
d. FULL NAME OF HOSPITAL OR INSTITUTION Halls Ferry Memorial Home				d. STREET ADDRESS (If rural, give location) 3048 Hatherly Dr.			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) Mary	b. (Middle) Anna	c. (Last) Kissel	(Month) August	(Day) 6	(Year) 1949	Female	6. COLOR OR RACE White
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH July 17, 1862	
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Wisconsin		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herman J. Kissel 3048 Hatherly Dr.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. Myocarditis		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				592X	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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>April 28 1947</u> to <u>Aug 6, 1949</u> , that I last saw the deceased alive on <u>Aug 6, 1949</u> , and that death occurred at <u>11:05 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. A. Hill MD		23b. ADDRESS 3901 W. Florissant		23c. DATE SIGNED 8-8-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal via Motor		24b. DATE 8-9-49		24c. NAME OF CEMETERY OR CREMATORY Green Mount Cemetery		24d. LOCATION (City, town, or county) (State) Belleville, Illinois	
DATE REC'D BY LOCAL REG. 8-8-49		REGISTRAR'S SIGNATURE Herbert R. Moore MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math. Hermann & Son, Inc. 2161 E. Fair Ave			

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

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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 *Walter G. Burnley*
Licensed Embalmer No. *4703*
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.