

FILED MAR 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5853

973
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BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 3058 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If rural, give location) 219 S. 6th. Street	
3. NAME OF DECEASED (Type or Print) a. (First) Mathilda		b. (Middle) _____ c. (Last) Kansteiner	
4. DATE OF DEATH (Month) (Day) (Year) February 20, 1950			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 22, 1878
9. AGE (In years last birthday) 71		10. MONTH 10	11. DAY 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) St. Charles, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Wiegand Meiser		13b. MOTHER'S MAIDEN NAME Sophia Bartels	
14. NAME OF HUSBAND OR WIFE William H. Kansteiner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Arnold Kansteiner ADDRESS St. Charles, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis INTERVAL BETWEEN ONSET AND DEATH 1 yr. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of breast 5 yrs. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170X	
19a. DATE OF OPERATION Feb '45	19b. MAJOR FINDINGS OF OPERATION Carcinoma of breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE no	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 Dec 30th, 1949 , to Feb 20th, 1950 , that I last saw the deceased alive on Feb 19th, 1950 , and that death occurred at 11 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE A. P. Erich Schier, M.D. (Degree or title)		23b. ADDRESS St Charles Mo.	
23c. DATE SIGNED 2/21/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 22, 1950	24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles, Missouri
DATE REC'D BY LOCAL REG. 2-26-50	REGISTRAR'S SIGNATURE Ramona Hammett	25. FUNERAL DIRECTOR'S SIGNATURE Harbmann-Bauer, Inc. St. Charles Mo. ADDRESS _____	

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

10/1/50

District File Number _____

District Health Officer No. 9

RECEIVED MAR 2 1950

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 *Arthur C. Bann*

Licensed Embalmer No. *3155*

P. O. Address *St Charles 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.