S. No. 300
v. 10.48

0923

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10001

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3088 Registrar's No. 29

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

1. PLACE OF DEATH
a. COUNTY St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Charles
c. LENGTH OF STAY (in this place) 81 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 807 Clark St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Charles 0723
d. STREET ADDRESS (If rural, give location) 807 Clark St 0

3. NAME OF DECEASED (Type or Print)
a. (First) Helene b. (Middle) Katherine c. (Last) Kansteiner

4. DATE OF DEATH (Month) (Day) (Year) Feb 27 1950

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Marroed
8. DATE OF BIRTH April 28 1868
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) St Charles Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wiegand Meiser
13b. MOTHER'S MAIDEN NAME Sophia Bartels
14. NAME OF HUSBAND OR WIFE Herman H Kansteiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Gertrude Kansteiner 807 Clark ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Compensation — INTERVAL BETWEEN ONSET AND DEATH 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gen Arteriosclerosis — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 4500

19a. DATE OF OPERATION No.
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 26th 1950 *to* Feb 27th 1950 *that I last saw the deceased alive on* Feb 28th 1950 *and that death occurred at* 3 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE A P Erich Schulz MD (Degree or title)
23b. ADDRESS St Charles Mo
23c. DATE SIGNED 3/27/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 1 1950
24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
24d. LOCATION (City, town, or county) St Charles Mo (State)

DATE REC'D BY LOCAL REG. 3-2-50
REGISTRAR'S SIGNATURE Frannie Hamilton 284
25. FUNERAL DIRECTOR'S SIGNATURE Hackmann-Bane ADDRESS St Charles Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 10 1950
District Health Officer No. 9,
District File Number.....

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 Charles J Nacke

Licensed Embalmer No. 4530

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.