

FILED JUN 9 1950

## STANDARD CERTIFICATE OF DEATH

18329

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4740**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Schuyler</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis Mo</b>		c. LENGTH OF STAY (In this place) <b>20 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Queen City</b>		d. STREET ADDRESS (If rural, give location) <b>0980</b> <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>				3. NAME OF DECEASED a. (First) <b>Lee</b> b. (Middle) <b>E.</b> c. (Last) <b>KASTER</b>			
4. DATE OF DEATH <b>5-28-50</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Oct. 12, 1918</b>		9. AGE (In years last birthday) <b>31</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		11. BIRTHPLACE (State or foreign country) <b>Queen City, Mo.</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Lee E. Kaster Sr.</b>	
13b. MOTHER'S MAIDEN NAME <b>Nora Little</b>		13c. NAME OF HUSBAND OR WIFE <b>Alma Kaster</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Alma Kaster, Queen City, Mo.</b>		17. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Thyroid</b>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Medicinal mistakes</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		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>194X</b>			
22. I hereby certify that I attended the deceased from <b>5-8, 1950</b> , to <b>5-28, 1950</b> , that I last saw the deceased alive on <b>5-28, 1950</b> , and that death occurred at <b>2:58 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>F.R. Bradley M.D.</b>				23b. ADDRESS <b>Barnes Hospital</b>		23c. DATE SIGNED <b>5/28/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-28-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Queen City</b>		24d. LOCATION (City, town, or county) (State) <b>Queen City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAY 29 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Laster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>		ADDRESS <b>4700 Washington Blvd.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

working under my personal supervision.

Student Embalmer No. ....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.