0.300
0.48

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

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24695

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5136

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS, MO
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2627 MINNESOTA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2179
d. STREET ADDRESS (If rural, give location) 2627 MINNESOTA

3. NAME OF DECEASED (Type or Print)
a. (First) GEORGE
b. (Middle) G.
c. (Last) KIES

4. DATE OF DEATH (Month) JUNE (Day) 10 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. ~~MARRIED, WIDOWED, DIVORCED~~ (Specify) NEVER MARRIED.
8. DATE OF BIRTH DEC. 21 1908
9. AGE (In years last birthday) 41 IF UNDER 1 YEAR Months 5 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN
10b. KIND OF BUSINESS OR INDUSTRY HIPOLITE CO
11. BIRTHPLACE (State or foreign country) ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME GEORGE G. KIES
13b. MOTHER'S MAIDEN NAME EDITH HANKOUSE
14. NAME OF HUSBAND OR WIFE

15. WAS DEATH EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS EUNICE P. KIES 2627 MINNESOTA.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation by hanging; when he was found hanging from door

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) hanging from door from dining room of his home, with plastic

DUE TO (c) clothes line around his neck; on

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS June 10, 1950, about 6:15 pm

Conditions contributing to the death but not related to the disease or condition causing death. Suicide while suffering from temporary mental aberration

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 000

AUTOPSY YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo

21d. TIME OF INJURY (Month) June (Day) 10 (Year) 50 (Hour) 6:15 p. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? E974X

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 6:15 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Patrick E. Taylor (Degree or title) Cor
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 6-12-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE JUN. 13 1950
24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.

DATE REC'D BY LOCAL REG. JUN 12 1950
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 5906 Gravois Ave

(Licensed Embalmer's Statement on Reverse Side)

Front

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 Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.