

FILED DEC 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 88678

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9870	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis,		c. LENGTH OF STAY (In this place) 2 1/2 OR TOWN St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2842 Magnolia Ave.				d. STREET ADDRESS (If rural, give location) 2842 Magnolia Ave.			
3. NAME OF DECEASED (Type or Print) Mary		a. (First)		b. (Middle)		c. (Last) Kahlert	
4. DATE OF DEATH Nov. 19, 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH September 15, 1866		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 2 Days 4		IF UNDER 24 HRS. Hours 4 Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Andrew Heck		13b. MOTHER'S MAIDEN NAME Catherine ?		14. NAME OF HUSBAND OR WIFE Charles			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE AND NAME Henry J. Sommers ADDRESS 2842 Magnolia Ave.			
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, assthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Arteriosclerosis DUE TO (c) Ischemic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 6 hours slight 5 1/2 years.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from Sept. 19, 1949 , to Nov. 19, 1950 , that I last saw the deceased alive on Nov. 19, 1950 , and that death occurred at 4:40 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE H. J. Sommers (Degree or title) M.D.				23b. ADDRESS 3606 Francis Ave		23c. DATE SIGNED 11/20/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/22/50		24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. NOV 21 1950		REGISTRAR'S SIGNATURE J. B. Sasater		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS John H. Gebken Sons 2630 Gravois Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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

009

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..... *Robert F. Gebken*

Signed.....
Student Embalmer

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.