

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 7 1951

State File No. **24860**  
**6370**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <b>0</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>24 hrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <b>Jennings</b>		<b>4138</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital #1</b>				d. STREET ADDRESS (If rural, give location) <b>2410-Switzer Avenue</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Stephen</b> c. (Last) <b>Kist</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 15, 1951</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>Aug 29, 1894</b>		
9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stove Mounter</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Bridgeton, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Kist</b>			13b. MOTHER'S MAIDEN NAME <b>Magdalen Hartman</b>			14. NAME OF HUSBAND OR WIFE <b>Mary T. Kist</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. #1</b>		16. SOCIAL SECURITY NO. <b>498210-7498B</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary T. Kist</b> ADDRESS <b>3957-Detonty St. Louis</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Fr of skull; Brain Injury, suffered when deceased fell backwards down 5 steps and struck his head on the concrete pavement in the rear of 5330 Gualdine Ave on July 14, 1951 at about 9:30 pm</b>					INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>						
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death (but not related to the disease or condition causing death)</i>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Accident 000</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) <b>Accidental</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <b>St. Louis Mo</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 14, 1951 2:30 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>E 9000</b>				
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 <b>7:00 p.m.</b> , from the causes and on the date stated above. <b>21</b>								
23a. SIGNATURE (Degree or title) <b>Patricia E Taylor Currier</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>7-17-51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-18-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>		24d. LOCATION (City, town, or county) (State) <b>NORMANDY, Mo.</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Barrman Bros. Overland, Mo.</b>		ADDRESS _____				

(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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Oscar F Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.