

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28363

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7616

1. PLACE OF DEATH a. COUNTY <u>Carrie Edgison Gietner Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>5000 S Broadway St Louis 2159</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis 2159</u>	
c. LENGTH OF STAY (in this place) <u>9 years</u>		d. STREET ADDRESS (If rural, give location) <u>5000 S Broadway</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Carrie Edgison Gietner Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>Kuehlstaetter</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 26 1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 7 1868</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Alton Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Henry Kuehlstaetter</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Piel</u>		14. NAME OF HUSBAND OR WIFE <u>Not married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L. A. Hershneider M.D. 5000 S Broadway</u>	

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		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial hypertension Chr Arteritis</u> DUE TO (c) <u>Cause of right side face</u>		
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? <u>191X</u>	

22. I hereby certify that I attended the deceased from Aug 18 1948, 1948, to Aug 26, 1951, that I last saw the deceased alive on Aug 25, 1951, and that death occurred at 3-01 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. A. Hershneider M.D.</u>	23b. ADDRESS <u>5000 S. Broadway</u>	23c. DATE SIGNED <u>8-26 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-26-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Point Lutheran</u>
24d. LOCATION (City, town, or county) (State) <u>Alton Ill.</u>		

DATE REC'D BY LOCAL REG. <u>W. J. S.</u>	REGISTRAR'S SIGNATURE <u>J. E. Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>L. A. Hershneider M.D. Alton Ill.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 24 1952
OCT 24 1952

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 _____

WOODROW A KULL

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Woodrow A Kull

Licensed Embalmer No. _____

6949

P. O. Address _____

ALTAMONT, IL

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.