

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43078

State File No.

FILED JAN 16 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1005 Registrar's No. 11716

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>22nd Jud.</u>	
b. CITY OR TOWN <u>ST. Louis</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u> <u>D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2608 Caroline ST.</u>		d. STREET ADDRESS (If rural, give location) <u>22 2608 Caroline ST.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Walter</u>	b. (Middle)	c. (Last) <u>Kierath</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 28, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug. 6, 1884</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 6 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTH PLACE (State or foreign country) <u>ST. Louis, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.H.</u>
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13a. FATHER'S NAME <u>Carl Kierath</u>	13b. MOTHER'S MAIDEN NAME <u>Christing Ulrich</u>	14. NAME OF HUSBAND OR WIFE <u>Tillie Kierath</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes W.W.#1</u>	16. SOCIAL SECURITY NO. <u>491-14-9679</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tillie Kierath</u>	ADDRESS <u>2608 Caroline ST.</u>
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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) <u>Carcinoma mouth</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
	ANTECEDENT CAUSES <u>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>metastasis to throat</u>		
DUE TO (c)		6 mo.	
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 type="checkbox"/>
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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)
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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>143X</u>
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22. I hereby certify that I attended the deceased from 12-26, 1951 to 12-28, 1951, that I last saw the deceased alive on 12-26, 1951, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dwight D. Baker, M.D.</u>	23b. ADDRESS <u>1452 So. Gr. and</u>	23c. DATE SIGNED <u>12-29-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-31-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>ST. Louis, County</u>
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DATE REC'D BY LOCAL REG. <u>JAN 2 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>With Bros. L. & H. G.</u>	ADDRESS <u>2929 S. Jefferson</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1452

1452 S. Grand

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

Hand E. Will

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson 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.