

FILED MAR 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6536

1520

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

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|--------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2639 | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) 5532 Lisette | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5532 Lisette | | e. STREET ADDRESS 5532 Lisette | |

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|--------------------------------------------------------------------|-------------|-------------------------|--------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) Katherine | b. (Middle) | c. (Last) Kissel | 4. DATE OF DEATH (Month) (Day) (Year) 2-16-1952 |
|--------------------------------------------------------------------|-------------|-------------------------|--------------------------------------------------------|

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|----------------------|-------------------------------|-----------------------------------------------------------------------|---------------------------------------|-------------------------------------------|------------------------------------------------|---------------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept. 15-1877 | 9. AGE (In years last birthday) 74 | 10. UNDER 1 YEAR Months 5 Days 1 | 11. UNDER 24 HRS. Hours 1 Min. |
|----------------------|-------------------------------|-----------------------------------------------------------------------|---------------------------------------|-------------------------------------------|------------------------------------------------|---------------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during life of decedent, even if retired) Home | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) St. Louis Mo | 12. CITIZEN OF WHAT COUNTRY? USA |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|-----------------------------------------|

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|-------------------------------------|--------------------------------------------|---------------------------------------------------|
| 13a. FATHER'S NAME Not known | 13b. MOTHER'S MAIDEN NAME Not known | 14. NAME OF HUSBAND OR WIFE Anthony Kissel |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give year or dates of service) | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME Anthony Kissel ADDRESS 5532 Lisette |
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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. 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) arteriosclerosis DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 10/40 PM | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? H201 |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------|

22. I hereby certify that I attended the deceased from **2-16**, 1952, to **2-16**, 1952, that I last saw the deceased alive on **2-16**, 1952, and that death occurred at **10/40 PM** m., from the causes and on the date stated above.

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|----------------------------------------------------------|-----------------------------------|---------------------------------|
| 23a. SIGNATURE Edward H. Hunter (Degree or title) | 23b. ADDRESS 1504 So Grand | 23c. DATE SIGNED 2/18/52 |
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|-------------------------------------------------------------------|----------------------------|--------------------------------------------------------------|-------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial | 24b. DATE 2-20-1952 | 24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem | 24d. LOCATION (City, town, or county) (State) St. Louis Mo |
|-------------------------------------------------------------------|----------------------------|--------------------------------------------------------------|-------------------------------------------------------------------|

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|---------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------|
| DATE REC'D BY LOCAL REG. FEB 18 1952 | REGISTRAR'S SIGNATURE J. Cash Smith | 25. FUNERAL DIRECTOR'S SIGNATURE WINGBERMUEHLE ADDRESS 3819 S, Grand Blvd |
|---------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------|

WRITE PLAINLY—USING UNFAADING 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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.