

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9560

State File No.

APR 15 1952

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Peters, rural, St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Peters, rural, St. Charles	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 MILE EAST ST PETERS MO.		d. STREET ADDRESS (If rural, give location) 1 mile east St. Peters 0920	

3. NAME OF DECEASED (Type or Print) Catherine Kuester			4. DATE OF DEATH (Month) (Day) (Year) 4-5-52		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH # 3-15-1880	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 0 Days 21	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) St. Peters, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Rix Ohmes	13b. MOTHER'S MAIDEN NAME Mary Eike	14. NAME OF HUSBAND OR WIFE Edward Kuester Sr.
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Marie Kuester	ADDRESS RR 1, St. Charles, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 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) Arterio Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH Sudden 20 yrs
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 10 1929, to Apr 5, 1952, that I last saw the deceased alive on Apr 1, 1952, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) Med. S.	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED 4-7-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-9-52	24c. NAME OF CEMETERY OR CREMATORY All Saints CEMETERY	24d. LOCATION (City, town, or county) (State) St. Peters, Mo.
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DATE REC'D BY LOCAL REG. 4-9-52	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS St. Peters, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 25 1954

MAY 20 1954

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.....

E. A. Keithly

Licensed Embalmer No.

872

P. O. Address.....

Fallon, M

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.