

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

13547

State File No. _____

Registrar's No. **11660**

No. 300
10.48

FILED **JAN 10 1953**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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 township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4035 A.S. Grand Blvd.		d. STREET ADDRESS (If rural, give location) 4035 S. Grand Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Frank c. (Last) Kastler			4. DATE OF DEATH (Month) (Day) (Year) 12-17-1952		
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH 2-27-1878		9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10b. KIND OF BUSINESS OR INDUSTRY Trio Printing Co		11. BIRTHPLACE (State or foreign country) Kentucky	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Jacob Kastler		13b. MOTHER'S MAIDEN NAME Louise Bachman		14. NAME OF HUSBAND OR WIFE Anna R. Kastler	
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. 494-09-8682		17. INFORMANT'S SIGNATURE OR NAME Anna R. Kastler	
				ADDRESS 4035 A.S. Grand Blvd	

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) <i>Cirrhosis of liver</i>			INTERVAL BETWEEN ONSET AND DEATH 1 yr
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Abnormal electro heart tracing</i>			2 yrs
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? 5810	

22. I hereby certify that I attended the deceased from 3:00 P.M., 1949, to 12-17, 1952, that I last saw the deceased alive on 12-14-52, 1952, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Raymond M. Biezenheim M.D.</i>		23b. ADDRESS 5203 Cherokee		23c. DATE SIGNED 12-18-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal <input checked="" type="checkbox"/>		24b. DATE 12-20-1952		24c. NAME OF CEMETERY OR CREMATORY St. Paul's Churchyard	
				24d. LOCATION (City, town, or county) (State) 7600 Rock Hill Road Mo	

DATE REC'D BY LOCAL REG. DEC 18 1952	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Biezenheim</i>	ADDRESS Pros. 6409 Gravois Ave
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
FL 6017

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 Embalmer No.

Signed.....

Law M. Seymour

Signed.....

Student Embalmer

Licensed Embalmer No.

4343

P. O. Address.....

St. Louis, 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.