

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>12002</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>5 hrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>4002 Magnolia Place</b>		<b>2179</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>St. Louis, Missouri</b>			
3. NAME OF DECEASED (Type or Print) <b>Lena</b>		a. (First)		b. (Middle) <b>Kaysing</b>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <b>12 - 27 - 1952</b>		5. SEX <b>Fem</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Jan. 10, 1876</b>		9. AGE (In years last birthday) <b>76</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Moninger</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>William G. Kaysing</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Jack W. Kasing, 4002 Magnolia P</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Gastric Ulcer</b>					
		DUE TO (c) <b>Decubitus Ulcer (bedsores)</b>					
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <b>no</b>							
19a. DATE OF OPERATION <b>no</b>		19b. MAJOR FINDINGS OF OPERATION <b>no</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>no</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>no</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>no</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>no</b>		<b>4200</b>	
22. I hereby certify that I attended the deceased from <b>Dec 27, 1952</b> to <b>Dec 27, 1952</b> ; that I last saw the deceased alive on <b>Dec 27, 1952</b> and that death occurred at <b>4:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Henry D. Kaysing</b> (Degree or title)				23b. ADDRESS <b>508 N. Grand</b>		23c. DATE SIGNED <b>12/29/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>12/31/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 29 1952</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Drehmann-Harral</b>		ADDRESS <b>1905 Union Blvd</b>	

Dr. Henry Thym  
508 N. Grand

2-3 PM

**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 Warren A. Carver

Licensed Embalmer No. 353x

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.