

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3351

0677

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
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) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2069			
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital				d. STREET ADDRESS (If rural, give location) 2635 Clara Ave.,					
3. NAME OF DECEASED (Type or Print)		a. (First) JOHN		b. (Middle) LEO		c. (Last) KIST.			
4. DATE OF DEATH		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH Feb. 28, 1887.		9. AGE (In years last birthday) 65		10. KIND OF BUSINESS OR INDUSTRY Steel Cutter		11. BIRTHPLACE (City and State or Foreign Country) St. Peter's Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John Kist		13b. MOTHER'S MAIDEN NAME Madeline Hackmann		14. NAME OF HUSBAND OR WIFE Matilda Kist Wife			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) No		16. SOCIAL SECURITY NO. 498-01-0059		17. INFORMANT'S SIGNATURE OR NAME Matilda Kist, 2635 Clara Ave.,		ADDRESS _____			
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, asthenia, 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) Hemorrhage from intestine				DUPLICATE OF (a) _____				2 Month	
ANTECEDENT CAUSES				DUE TO (b) ulcer pyloric				2 Months	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. -				DUE TO (c) contraction of pylorus with ulceration				2 Month	
II. OTHER SIGNIFICANT CONDITIONS				cachexia				6 MO.	
Conditions contributing to the death but not related to the disease or condition causing death.				19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION obstruction of pylorus	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21. PLACE OF INJURY (e.g., to, about home, farm, factory, street, office bldg., etc.) _____		22. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21. TIME OF INJURY (Month) (Day) (Year) (Hour) _____				21. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. HOW DID INJURY OCCUR 5400			
22. I hereby certify that I attended the deceased from Jan. 5, 1953 , to Jan. 19, 1953 , that I last saw the deceased alive on 1-19-53 , and that death occurred at 2:27 PM from the causes and on the date stated above.									
23a. SIGNATURE Henry R. Rosenberg MD				23b. ADDRESS 1467 Union		23c. DATE SIGNED 1/20/53			
24a. BURIAL CREMATION REMOVAL Removal		24b. DATE Jan. 23, 1953		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cem.		24d. LOCATION (City, town, or county) (State) Robertson, Mo.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. Carl Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.,					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Rosinburg,
1467 Union Blvd.,

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 Alfred J. Boedecker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament 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.