

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11795**
Registrar's No. **2236**

FILED MAR 18 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2236	
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, Missouri		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis,		2159	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Pacific Hospital				d. STREET ADDRESS (If rural, give location) 2644a Osage St.,			
3. NAME OF DECEASED (Type or Print) a. (First) Christof		b. (Middle) _____		c. (Last) Kasznel		4. DATE OF DEATH (Month) (Day) (Year) 2 25 53	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 27, 1885	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 MO. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific		11. BIRTHPLACE (City and State or Foreign Country) Hungary,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Christian Kasznel		13b. MOTHER'S MAIDEN NAME Dont Know.		14. NAME OF HUSBAND OR WIFE Margaret			
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 ADDRESS Margaret Kasznel, 2644a Osage St.,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 7 months	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Lung		ANTECEDENT CAUSES DUE TO (b) _____					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163x			
22. I hereby certify that I attended the deceased from 2/31, 1953, to 2/25, 1953 that I last saw the deceased alive on 2/25, 1953 and that death occurred at 8:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) B. N. Charles, M.D.		23b. ADDRESS Mo. Pacific Hosp. St. Louis		23c. DATE SIGNED 26 Feb. '53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,		24b. DATE 28 Feb. 1953		24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery,		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri,	
DATE REC'D BY LOCAL REG. FEB 27 1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St.,			
				St. Louis, 18, Mo.			

WRITE PLAINLY—USING UNFADING 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 me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Joe B. Benz
Licensed Embalmer No. 4249

2842 Meramed St.,

P. O. Address St. Louis, 18, 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.