

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11815**  
Registrar's No. **2048**

FILED MAR 18 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 death.) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEBSTER GROVES</b> <b>4607</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHNS HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>1300 GRANT ROAD.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LOUISE</b> b. (Middle) <b>G.</b> c. (Last) <b>KIES.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 21, 1953</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>1867</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>C. Gauss</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Lamoureux</b>	14. NAME OF HUSBAND OR WIFE <b>Louis G. Kies.</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. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Charles Whitelaw; Kirkwood, Mo.</b>
--	-------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral vascular accident.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 d.</b>
ANTECEDENT CAUSES <b>3</b> <i>Morbid conditions, if any, giving rise to the above cause (b) stating the underlying cause (c)</i>		DUE TO (b) <b>Secondary Fracture, left hip joint.</b>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		DUE TO (c)		

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>(Fall)</b>	21b. PLACE OF INJURY (City, town, or about highway, farm, street, public place) <b>Webster Groves - Mo.</b>	21c. (CITY, TOWN) OR TOWNSHIP (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>2-11-53 ? m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fall</b> <b>331X</b>

22. I hereby certify that I attended the deceased from **2-18, 1953**, to **2-21, 1953**, that I last saw the deceased alive on **2-20, 1953** and that death occurred at **2:15 a.m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <b>Charles Lupton M.D.</b>	23b. ADDRESS <b>5720 Washgton</b>	23c. DATE SIGNED <b>2-21-53</b>
--	-----------------------------------	---------------------------------

24. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-23-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
--	----------------------------	--	---

DATE REC'D BY LOCAL REG. <b>FEB 24 1953</b>	REGISTRAR'S SIGNATURE <b>J. Charles Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.</b>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

APR 11 1953

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 Clarence A. Murray

Licensed Embalmer No. 4011

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.