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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19569

FILED MAY 18 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4508

1. PLACE OF DEATH
a. COUNTY ~~St.Louis Mo~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis Mo
c. LENGTH OF STAY (In this place) 1Yr,3 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Infirmary Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN St.Louis Mo
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 5600 Arsenal St

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3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle)
c. (Last) Kiehling

4. DATE OF DEATH (Month) 5 (Day) 2 (Year) 53

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married WIDOWER 2
8. DATE OF BIRTH Sept. 9, 1878
9. AGE (In years last birthday) 74 — 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) Bricklayer retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Late Genevieve Kiehling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace Herz **ADDRESS** 6747 High Circle

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of left ear — INTERVAL BETWEEN ONSET AND DEATH years

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 1991

22. *I hereby certify that I attended the deceased from* 1/3, 19 52, *to* 5/2, 19 53, *that I last saw the deceased alive on* 5/2, 19 53, *and that death occurred at* 4:30AM *m., from the causes and on the date stated above.*

23a. SIGNATURE George Esker M.D. (Degree or Title)
23b. ADDRESS 5600 Arsenal
23c. DATE SIGNED 5/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-4-53
24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) St. Louis Mo. (State)

DATE REC'D BY LOCAL REG. MAY 4 1953
REGISTRAR'S SIGNATURE J Carl Smith MD
MDB
25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser **ADDRESS** 4228 So. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William B. White.....

Licensed Embalmer No. 429

P. O. Address 4428 So. Rempl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.