

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40062

FILED NOV 30 1953

State File No. ....

BIRTH NO. 17190 REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 3052 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. CHARLES</u>	
b. CITY OR TOWN <u>ST. CHARLES</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>ST. CHARLES</u> (If outside corporate limits, write RURAL and give township) <u>0923</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (if rural, give location) <u>569 JACKSON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DONALD</u> b. (Middle) <u>LEE</u> c. (Last) <u>KVESTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov - 23, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>3-21-1953</u>	9. AGE (In years last birthday) <u>8</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 2 WKS. Days <u>2</u> Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>ST. CHARLES, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>EUGENE KVESTER</u>	13b. MOTHER'S MAIDEN NAME <u>MILDRED FELDMAN</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Eugene Kuester</u> ADDRESS <u>569 Jackson St. Charles</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pneumonia</u>		
	ANTECEDENT CAUSES Morbidity 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. <u>oppendimus disease myotonia congenita</u>		since birth <u>3-21-53</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>493X</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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 _____
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22. I hereby certify that I attended the deceased from NOV 20, 1953, to NOV 23, 1953, that I last saw the deceased alive on NOV 23, 1953, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George E. Kristin M.D.</u>	23b. ADDRESS <u>St. Charles, Mo.</u>	23c. DATE SIGNED <u>11-24-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-25-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo.</u>
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DATE/REC'D BY LOCAL REG. <u>Nov 24 1953</u>	REGISTRAR'S SIGNATURE <u>Fannie Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Steffater</u> ADDRESS <u>St. Peter's Mo.</u>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Frank R. Amalson

Licensed Embalmer No. 4832

P. O. Address St Charles

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

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