

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

40694

FILED NOV 27 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10862**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2249</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>ST. LOUIS Mo</b> )		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>ST. LOUIS</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ALEXIAN BROS. Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>24 2848<sup>th</sup> INDIANA</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b>		b. (Middle) <b>M.</b>	c. (Last) <b>KIENZLER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 14 1953</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB. 15 1878</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STEEL WORKER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. ROLLING MILLS</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>JACOB KIENZLER</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH KIRSCH</b>	14. NAME OF HUSBAND OR WIFE <b>BERTHA KIENZLER</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>488-05-6928</b>	17. INFORMANT'S SIGNATURE OR NAME <b>BERTHA KIENZLER</b> ADDRESS <b>2848 INDIANA</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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Valvulus</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute gastroenteritis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension - Hypertensive Heart dis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>5 "</b>
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? <b>5711</b>			
22. I hereby certify that I attended the deceased from <b>10-15</b> , 19 <b>52</b> to <b>11-14</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>11-14</b> , 19 <b>53</b> , and that death occurred at <b>8:30 p. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Eugene H. Edle M.D.</b>		23b. ADDRESS <b>4971 Chippewa St.</b>		23c. DATE SIGNED <b>11-16-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Nov. 18 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>NOV 16 1953</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Kutis 2906 Travis</b>			

*R.P.* (Licensed Embalmer's Statement on Reverse Side)

DL 3770

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.....  
Signature of Student Embalmer

Signed *Samuel Hill*.....

Licensed Embalmer No. *4347*.....

P. O. Address *2906*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.