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FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39568

State File No. _____
Registrar's No. 2429

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Overland</u>		c. CITY OR TOWN <u>Overland</u> <u>425</u> <u>0</u>	
c. LENGTH OF STAY (in this place) <u>5 YEARS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10551 Decker</u>		STREET ADDRESS (If rural, give location) <u>10551 Decker</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARGARET</u>	b. (Middle) <u>A.</u>	c. (Last) <u>KISTENMACHER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 16, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>September 8, 1869</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Krekel</u>	13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>	14. NAME OF HUSBAND OR WIFE <u>John H. Kistenmacher</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John H. Kistenmacher 10551 Decker,</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Probably 10 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Malignant Heart Disease</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. _____			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? 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) (Min.) _____	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 Sept. 12, 1950 to Oct. 16, 1954, that I last saw the deceased alive on Oct. 16, 1954, and that death occurred at 9:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. R. Bailey M.D.</u>	23b. ADDRESS <u>9438 Lockland</u>	23c. DATE SIGNED <u>10-18-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/20/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter & Paul Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10/18/54</u>	REGISTRAR'S SIGNATURE <u>Heber R. Romberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Abken-Benz Mortuary 2842 Meramec St. St. Louis 18 Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....
Joe B. Benz
Licensed Embalmer No..... 42

P. O. Address 2842 Meramec
St. Louis 18 Mi.

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.