

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43728

State File No.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 11006

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

| | | | | | | | |
|--|------------------|--|--|---|---------------------------|---|---------------|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | 23 | | 2048 Victor St | |
| 3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | | | |
| Mary Caroline Kaut | | | Dec 2 1954 | | | | |
| 5. SEX | 6. COLOR OR RACE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | IF UNDER 6 HRS. Days | Hours Min. |
| Female | white | widow | Feb. 21, 1870 | 84 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT COUNTRY? | |
| Housewife | | | | Germany & | | U.S.A. | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME | | 14. NAME OF HUSBAND OR WIFE | | | |
| Conrad Kocher | | Minnie Blind | | John Kaut | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS | | | |
| no. | | no. | | Viola Denkmann 2048 Victor | | | |
| 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 | | | | | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | | | | |
| | | INTERVAL BETWEEN ONSET AND DEATH 3 days | | | | | |
| | | ANTECEDENT CAUSES | | | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| | | DUE TO (b) Arterio-sclerosis | | | | | |
| | | DUE TO (c) Chronic Myocarditis | | | | | |
| | | 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"/> | |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR | | | |
| | | | | 331X | | | |
| 22. I hereby certify that I attended the deceased from <u>Nov 3, 1954</u> , to <u>Dec 2, 1954</u> , that I last saw the deceased alive on <u>Dec 2, 1954</u> , and that death occurred at <u>2:30</u> p. m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) | | | 23b. ADDRESS | | | 23c. DATE SIGNED | |
| Ambler, M. D. | | | 2044 S. Jefferson | | | Dec. 154 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) | |
| Cremation | | Dec 6-54 | | Mo. Crematory | | St. Louis Mo. | |
| DATE REC'D BY LOCAL REG. | | REGISTRAR'S SIGNATURE | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | | | |
| DEC 3 1954 | | C. S. Smith | | Witt Brothers 16. 2929 S. Jefferson | | | |
| (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
Student Embalmer

Signed *J. M. Davis*

Licensed Embalmer No. 3741

P. O. Address 2929 Jefferson

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.