

FILED FEB 9 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3484

State File No.

BIRTH NO.		REG. DIST. NO. <u>717</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>111</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY <u>St. Louis</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wellston</u>		c. LENGTH OF STAY (in this place) <u>7 mo. 11 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hillsdale</u>		<u>4161</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>6317 St. Louis Avenue</u>					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH						
a. (First) <u>Ruth</u>		b. (Middle) <u>Esther (Reese)</u>		c. (Last) <u>Kissel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 15, 1955</u>			
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>Mar. 2, 1903</u>			
9. AGE (In years last birthday) <u>51</u>		# UNDER 1 YEAR <u>10</u>		# UNDER 2 HRS. <u></u>		# UNDER 4 HRS. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>James Reese</u>			13b. MOTHER'S MAIDEN NAME <u>Ink.</u>			14. NAME OF HUSBAND OR WIFE <u>Mr. Adrian, Kissel-husband.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>XXXXXXXXXX</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Adrian Kissel, 6317 St. Louis Avenue</u>				
18. CAUSE OF DEATH				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND 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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cerebral arteriosclerosis with edema.</u> DUE TO (c) <u>Hypertension</u>				II. OTHER SIGNIFICANT CONDITIONS <u>mental illness - organic type</u>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Dec. 11, 1954</u> to <u>Jan. 15, 1955</u> , that I last saw the deceased alive on <u>Jan. 15, 1955</u> , and that death occurred at <u>11:55 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W.B. Lytton, M.D.</u> (Degree or title)				23b. ADDRESS <u>7301 St. Charles Rock Rd.</u>		23c. DATE SIGNED <u>1/15/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/18/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1/17/55</u>		REGISTRAR'S SIGNATURE <u>Hebert R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Clark</u>		ADDRESS <u>1125 Hodiamont Ave.</u>			

(Licensed Embalmers' 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 Paul A. Wachter

Licensed Embalmer No. 4787

P. O. Address St Louis Mo

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.