

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23978

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6380**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2239	
b. CITY OR TOWN St. Louis /		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1211 Sidney		STREET ADDRESS (If rural, give location) 23 1211 Sidney	

3. NAME OF DECEASED (Type or Print) Benjamin	a. (First)	b. (Middle)	c. (Last) Kiser	4. DATE OF DEATH July 22 1955
--------------------------------------------------------	------------	-------------	------------------------	--------------------------------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 22 1887	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
--------------------	-------------------------------	-----------------------------------------------------------------------	-------------------------------------	-------------------------------------------	--------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Bottler	10b. KIND OF BUSINESS OR INDUSTRY Busch Brewery	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
-----------------------------------------------------------------------------------------------------------------	--------------------------------------------------------	--------------------------------------------------------------------	-------------------------------------------

13a. FATHER'S NAME Ward Kiser	13b. MOTHER'S MAIDEN NAME Anna Rotermund	14. NAME OF HUSBAND OR WIFE Marie Kiser
--------------------------------------	-------------------------------------------------	------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 494-05-1441^A	17. INFORMANT'S SIGNATURE OR NAME Marie Kiser	ADDRESS 1211 Sidney
--------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------	------------------------------------------------------	----------------------------

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Constrictive Pericarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Coronary Sclerosis		INTERVAL BETWEEN ONSET AND DEATH
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 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 **3** 19**55** to **19** 19**55**, that I last saw the deceased alive on **19** 19**55**, and that death occurred at **home** from the causes and on the date stated above.

23a. SIGNATURE Patrick Taylor (Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 7-25-55
--------------------------------------------------------	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 25 1955	24c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard	24d. LOCATION (City, town, or county) (State) St. Louis Co Mo
----------------------------------------------------------	-------------------------------	---------------------------------------------------------------	----------------------------------------------------------------------

DATE REC'D BY LOCAL REG. JUL 25 1955	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kute, 2906 Leavenworth	ADDRESS
---------------------------------------------	--------------------------------------------------	-----------------------------------------------------------------------	---------

m. J. B. (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 *Lowell C. Dill*

Licensed Embalmer No. *438*

P. O. Address *2506*

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.