

10702

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **2934**

FILED APR 2 - 1956

318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____

REG. DIST. NO. _____

REG. DIST. NO. _____

2934

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside incorporated limits, give RURAL and give township) OR TOWN St. Louis, Mo. 4514 S Grand		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4514 S. Grand		e. STREET ADDRESS (If rural, give location) 4514 S Grand	
3. NAME OF DECEASED (Type or Print) a. (First) Karoline b. (Middle) c. (Last) Finninger		4. DATE OF DEATH (Month) (Day) (Year) Mar. 21 56	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 6 1869
9. AGE (In years) (Last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	11. BIRTHPLACE (City and State or Foreign Country) Germany
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Sitzer		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Julius (Deceased)
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jule Finninger 4514 S Grand
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) <i>Generalized Arteriosclerosis</i> <i>Generalized arteriosclerosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>H.C.V.R. Syndrome</i> 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 442X	
20. AUTOPSY? YES <input 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) (Minute)		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 <i>12/29, 1955</i> to <i>3/21, 1956</i> that I last saw the deceased alive on <i>3/21, 1956</i> , and that death occurred at <i>11:10 A.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>E.C. Kienzle</i> E.C. Kienzle (Degree or title) M.D.		23b. ADDRESS <i>4075 S Grand</i> 4075 S Grand	
23c. DATE SIGNED <i>3/29/56</i> 3/29/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>3/24/56</i> 3/24/56	
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. MAR 22 1956		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i> J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm Schumacher</i> Wm Schumacher		ADDRESS 3013 Meramec	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Jack Haugh
Licensed Embalmer No. 47

P. O. Address *St. Paul*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.