

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11007**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2443**

| | | | | | | |
|---|----------------------------------|--|---------------------------|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri | | b. COUNTY | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | | c. CITY OR TOWN St Louis | | 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 Firmin Desloche Hospital | | STREET ADDRESS (If rural, give location) 3007 A Minnesota Av | | 2167 | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Helen | b. (Middle) Mae | c. (Last) Kristen | 4. DATE OF DEATH (Month) (Day) (Year) March 7 1956 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH May 1 1926 | 9. AGE (In years last birthday) 29 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Pittsburgh Pennsylvania | | |
| 12. CITIZENSHIP OF WHAT COUNTRY? U S A | | 13a. FATHER'S NAME Joseph Felitsky | | 13b. MOTHER'S MAIDEN NAME ? Homean | | |
| 14. NAME OF HUSBAND OR WIFE Ernest | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If res. give war or dates of service) | | 16. SOCIAL SECURITY NO. | | |
| 17. INFORMANT'S SIGNATURE OR NAME Ernest Kristen | | ADDRESS 3007 A Minnesota Av | | | | |
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac artery thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Rheumatic heart dis. DUE TO (b) Myocardial infarction & insufficiency DUE TO (c) Myocardial infarction & insufficiency | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | INTERVAL BETWEEN ONSET AND DEATH 15 min 15 yrs. 10 yrs. |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 410X 4/6x | | | 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) | | 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 1-29 1956 to 3-7 1956 , that I last saw the deceased alive on 2-27 1956 , and that death occurred at 5:15 a.m. , from the causes and on the date stated above. | | | | | | |
| 23a. SIGNATURE (Degree or title) W. S. Kistner, M.D. | | 23b. ADDRESS 634 N. Grand | | 23c. DATE SIGNED 3/8/56 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 3/10/56 | | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | | |
| 24d. LOCATION (City, town, or county) (State) St Louis County Mo. | | DATE REC'D BY LOCAL REG. MAR 8 1956 | | | | |
| REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | | | | |
| ADDRESS Moydell Funeral Home 1926 Allen Av | | | | | | |

(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 me..... Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George J. Sobala Jr.
Licensed Embalmer No. 418

P. O. Address 1926... Ct.

**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.**