

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18116**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4101**

FILED JUN 11 1956

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Missouri		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN 4431 LADUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		e. STREET ADDRESS (If rural, give location) 2 WHITFIELD LANE			
3. NAME OF DECEASED (Type or Print) WILLIAM KAUT			a. (First)		b. (Middle)
4. DATE OF DEATH April 24, 1956			c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEP'T 3 1882		9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - 6Yrs.		10b. KIND OF BUSINESS OR INDUSTRY DIRECTOR BROWN SHOE CO.		11. BIRTHPLACE (City and State or Foreign Country) SAINT LOUIS, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA:		13a. FATHER'S NAME WILLIAM KAUT		13b. MOTHER'S MAIDEN NAME Lavina Gerdeman	
14. NAME OF HUSBAND OR WIFE GRAYCE J. BAKER KAUT		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 489-07-6447	
17. INFORMANT'S SIGNATURE OR NAME MRS WILLIAM KAUT		ADDRESS #2WHITFIELD LANE		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIO SCLEROTIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH INDET		II. OTHER SIGNIFICANT CONDITIONS DIABETES MELLITUS	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b)	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		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) (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 JAN 24, 1956 to APRIL 24, 1956 , that I last saw the deceased alive on APRIL 24, 1956 , and that death occurred at 8-30 PM , from the causes and on the date stated above.					
23a. SIGNATURE Robert A. Mayer MD		(Degree or title) MD		23b. ADDRESS 567 N. S. Rd. 5 Mc. UNIV. CITY	
23c. DATE SIGNED 4/24/56		24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE APRIL 26/56	
24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI.			
DATE REC'D BY LOCAL REG. APR 25 1956		REGISTRAR'S SIGNATURE Paul Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton and Sons	
ADDRESS 7233 Delmar Blv'd.		(Licensed Embalmer's Statement on Reverse Side)			

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

A 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..... *Clarence H. M...*

Licensed Embalmer No. *40*

P. O. Address *St. Louis*

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