

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42819

FILED DEC 27 1956

318

1003

STATE FILE NUMBER 11376

Registration District No. Primary Registration District No. Registrar's No.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                                                                                                                                                            |                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                                |                                                                       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>                                                                                                                                                                                                                                                                                                                                                              |                               | c. CITY OR TOWN <b>St. Louis</b>                                                                                                                                           |                                                                       |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>                                                                                                                                                                                                                                                                                                                                          |                               | Length of stay in lb<br>STREET ADDRESS <b>5617 Cabanne, Apt 103</b> (If outside, give location)<br>Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |                                                                       |
| 3. NAME OF DECEASED (Type or print)<br><b>Hattie</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                               | First <b>Henrietta Middle</b> Last <b>Carstens</b>                                                                                                                         |                                                                       |
| 4. DATE OF DEATH <b>December 10, 1956</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                               | Month <b>December</b> Day <b>10</b> Year <b>1956</b>                                                                                                                       |                                                                       |
| 5. SEX <b>female</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6. COLOR OR RACE <b>white</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>                | 8. DATE OF BIRTH <b>Sept. 25, 1883</b>                                |
| 9. AGE (In years last birthday) <b>73</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>                                                                  | 11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>                                                                                                                                                                                                                                                                                                                                            |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Karsten's D. G. Co.,</b>                                                                                                              | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                               |
| 13. FATHER'S NAME <b>Antoine Carstens</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                               | 14. MOTHER'S MAIDEN NAME <b>Henrietta Breiding</b>                                                                                                                         |                                                                       |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>                                                                                                                                                                                                                                                                                                                                   |                               | 16. SOCIAL SECURITY NO. <b>unknown</b>                                                                                                                                     |                                                                       |
| 17. INFORMANT <b>Mrs. Mildred Jennings</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                               | Address <b>4306 Penrose Street</b>                                                                                                                                         |                                                                       |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Rupture of cerebral vessel</b><br>DUE TO (b) <b>Hypertension</b><br>DUE TO (c)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) |                               |                                                                                                                                                                            | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 days</b><br><b>1 yr</b>      |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                        |                               |                                                                                                                                                                            | <b>331X</b>                                                           |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                             |                               | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)                                                                               |                                                                       |
| 20c. TIME OF INJURY<br>Hour<br>a. m.<br>p. m.                                                                                                                                                                                                                                                                                                                                                                                                         |                               | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                                                                                  |                                                                       |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                |                               | 20f. CITY, TOWN, OR LOCATION COUNTY STATE                                                                                                                                  |                                                                       |
| 21. I attended the deceased from <b>12-5-56</b> , to <b>12-10-56</b> and last saw her alive on <b>12-10-56</b><br>Death occurred at <b>9:05 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                               |                               |                                                                                                                                                                            |                                                                       |
| 22a. SIGNATURE (Degree or title)<br><b>V. O. Irish M.D.</b>                                                                                                                                                                                                                                                                                                                                                                                           |                               | 22b. ADDRESS <b>634 N. Grand St. Mo</b>                                                                                                                                    |                                                                       |
| 22c. DATE SIGNED <b>12-11-56</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                                                                                                                                            |                                                                       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>                                                                                                                                                                                                                                                                                                                                                                                              |                               | 23b. DATE <b>Dec 13 1956</b>                                                                                                                                               |                                                                       |
| 23c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cemetery</b>                                                                                                                                                                                                                                                                                                                                                                                        |                               | 23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>                                                                                            |                                                                       |
| 24. FUNERAL DIRECTOR <b>Math Hermann &amp; Son, Inc.,</b>                                                                                                                                                                                                                                                                                                                                                                                             |                               | 25. DATE RECD. BY LOCAL REG. <b>DEC 11 1956</b>                                                                                                                            |                                                                       |
| ADDRESS <b>2161 E. Fair AV</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | 26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>                                                                                                                             |                                                                       |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.  
Coroner cannot certify to a death due to natural causes.  
Doctor, coroner, etc., must use only standard form and must be casually related.

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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 *Clement M. Shea*

Licensed Embalmer No. *37*

P. O. Address *St. L. Co.*

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.