

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6339

State File No. _____

FILED FEB 25 1957

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **854**

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. LENGTH OF STAY (in this place) 12 hrs	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 22 St. Anthony Hosp.		e. STREET ADDRESS (If rural, give location) 1159 3429 MONTANA	
3. NAME OF DECEASED (Type or Print) a. (First) EMIL b. (Middle) F c. (Last) KAUFMANN Jr.		4. DATE OF DEATH (Month) (Day) (Year) 1-26-1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-3-1905
9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 10 Days	IF UNDER 24 HRS. Hours 23 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book Binder		10b. KIND OF BUSINESS OR INDUSTRY Blackwell	11. BIRTHPLACE (City and State or Foreign Country) 4 Germany
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Emil Kaufmann		13b. MOTHER'S MAIDEN NAME Elizabeth KRATZER	14. NAME OF HUSBAND OR WIFE Elsie Weidinger Kaufmann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. 55-489-10-0127	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elsie Kaufmann 3429 Montana	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH immediate	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid hemorrhage.			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral artery Disease		yr.	
DUE TO (c) Atherosclerotic Heart Disease		yes.	
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 420-0		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) m.	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 Oct 25 1956 to Jan 26 1957 , that I last saw the deceased alive on Jan 25 1957 , and that death occurred at 8AM m. from the causes and on the date stated above.			
23a. SIGNATURE John J. Mally		23b. ADDRESS 1159 3429 Montana	23c. DATE SIGNED 1-26-57
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 128-1057	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.	24d. LOCATION (City, town, or county) (State) St. Louis MO.
DATE REC'D BY LOCAL REG. JAN 28 '57	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WINGBERMUEHLE 3819 SO Grand Blvd	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.....
Licensed Embalmer No. 46

P. O. Address.....

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.