FILED MAR 1 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 6354

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1539

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MO. Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL Length of stay in 1b: 04

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Greendale 4180 Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 2324 Normandy Dr. 27 Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First HENRY Middle A. Last KIESELHORST
4. DATE OF DEATH: Month FEB. Day 13 Year 1957
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐ 2
8. DATE OF BIRTH: Mar. 11, 1882
9. AGE (In years last birthday): 74 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (retired) Piano Tuner
10b. KIND OF BUSINESS OR INDUSTRY: Music
11. BIRTHPLACE (City and state or country): St. Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Kieselhorst
14. MOTHER'S MAIDEN NAME: ------ Homeyer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Miss June Kieselhorst Address: 2324 Normandy Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CEREBRAL VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROTIC HEART DISEASE — SEV. YRS.
DUE TO (c): 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ /

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from JAN. 23, 1957 to FEB. 13, 1957 and last saw her/him alive on FEB. 13, 1957
Death occurred at 8:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. Vermillion, M.D. (Degree or title) M. D. 0
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 2/13/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: Feb. 16, 1957
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Crematory
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri
24. FUNERAL DIRECTOR: WACKER-HELDERLE ADDRESS: 3634 Gravois
25. DATE RECD. BY LOCAL REG.: FEB 15 '57
26. REGISTRAR'S SIGNATURE: H. Earl Smith MD m 3/3

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes.

MAR 25 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.