Health, Welfare Public Service

300
1-56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 14 1957

STATE FILE NUMBER 18888

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5370

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE Mo.	b. COUNTY
b. CITY OR TOWN St. Louis	Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis	Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 115 Bates	Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 115 Bates	Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month Day Year
Barbara		Kaysing	June 7 1957

5. SEX	6. COLOR OR RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
Female	White		Nov. 2 1873	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
Nil		St. Louis Mo.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Baptist Bourg	Ellen Geitlinger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
No.		497-20-1968	Norman Nail	Arnold Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Carcinoma of colon

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of Colon

senile arteriosclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Senile arterio sclerosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: & months / Several years

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.) 153 x

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 6-7-57 COUNTY 6-7-57 STATE

21. I attended the deceased from June 2, 56 to June 7, 1957 and last saw her alive on June 7 1957

Death occurred at 5 PM 5 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE N. Louis Schuchat (Degree or title) M.D.

22b. ADDRESS 3866 Flora

22c. DATE SIGNED 6-8-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 6/10/57

23c. NAME OF CEMETERY OR CREMATORY New St. Marcus

23d. LOCATION (City, town, or county) St. Louis (State) Mo.

24. FUNERAL DIRECTOR JOS. P. FENDLER JR. ADDRESS 7128 MICHIGAN

25. DATE REC'D. BY LOCAL REG. JUN 10 '57

26. REGISTRAR'S SIGNATURE J. Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 30

P. O. Address 7148 [illegible]

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.