

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42194

State File No. _____

10413

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
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) Saint Louis		c. LENGTH OF STAY (in this place) 12 days		c. CITY OR TOWN Ferguson		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.				e. STREET ADDRESS (If rural, give location) 122 Towell Avenue				
3. NAME OF DECEASED (Type or Print) a. (First) EMMA		b. (Middle) LENA		c. (Last) KASTNING		4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1957		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 28, 1873		
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 11 Days 7		IF UNDER 24 HRS. Hours 11 Min. 00				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Fillmore, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ernest Brune			13b. MOTHER'S MAIDEN NAME (Unk.) Meyer		14. NAME OF HUSBAND OR WIFE Fred Kastning			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Kastning Ferguson, Missouri			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myelogenous leukemia chronic					INTERVAL BETWEEN ONSET AND DEATH 10 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lobar pneumonia						
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2041						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? 2 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 Oct 25, 1957 , to Nov 3, 1957 , that I last saw the deceased alive on Nov 2, 1957 , and that death occurred at 9 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) M.D.				23b. ADDRESS 457 N. Kingshighway St. Louis		23c. DATE SIGNED 11/4/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-4-1957		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Greenville, Illinois		
DATE REC'D BY LOCAL REG. NOV 4 57		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Ch. Schuch		ADDRESS E. St. Louis, Ill.		

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

(Licensed Embalmer's Statement on Reverse Side)

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..... 7541

P. O. Address..... 1101 N. 9TH ST.
E. ST. LOUIS, I

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.

Not Embalmed