

FILED FEB 4 1958

STANDARD CERTIFICATE OF DEATH

47582

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 12466

V. S. 300
Rev. 1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

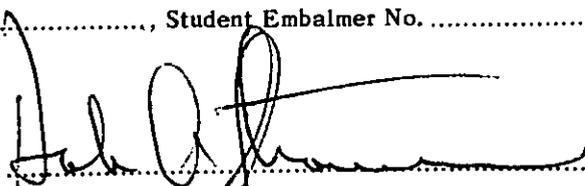
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i> St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. John's Hospital</i>		Length of stay in 1b <i>23</i>	d. STREET ADDRESS (If outside, give location) <i>5247 Creighton</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>HARRY J. KARGUS</i>		4. DATE OF DEATH Month Day Year <i>Dec. 23 1957</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sep. 17, 1899</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cashier-Anheuser Busch Inc.</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>
13a. FATHER'S NAME <i>Casper Kargus</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Geers</i>	14. NAME OF HUSBAND OR WIFE <i>Helen Kargus</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give dates of service) <i>No None</i>		16. SOCIAL SECURITY NO. <i>493-07-0296</i>	17. INFORMANT Address <i>Helen Kargus 5247 Creighton Ave.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Dissecting aneurysm of Thoracic aorta</i>			INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>Generalized arterio-sclerosis</i>			<i>5 years</i>
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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.) <i>4517</i>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <i>Dec 18/57</i> to <i>Dec 23/57</i> and last saw ^{her} / _{him} alive on <i>Dec 23, 57</i> Death occurred at <i>7:20 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John J. Hensley M.D.</i>		22b. ADDRESS <i>76 Hampton Village 9 St. Louis, Mo.</i>	22c. DATE SIGNED <i>1/26/57</i>
23a. BURIAL, CREMATION REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>Dec. 27, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Resurrection Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Kriegshausen 4228 S. Kingshighway</i>		25. DATE REC'D. BY LOCAL REG. <i>DEC 26 57</i>	26. REGISTRAR'S SIGNATURE <i>J. C. Smith M.D.</i>

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 , Student Embalmer No.

Licensed Embalmer No. 4533

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.