THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008153
STATE FILE NUMBER

FILED FEB 28 1958

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 350

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirkwood — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph Hosp. — Length of stay in 1b: 2 wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: St. Johns 4201 — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 2957 Ridgeway — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Margaret Middle: Anna Last: Kidd

4. DATE OF DEATH Month, Day, Year: February 4, 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: August 12, 1919

9. AGE (In years last birthday): 38 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christian Kuhn

14. MOTHER'S MAIDEN NAME: Alma Bruns

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 498-09-1995

17. INFORMANT Address: LeRoy C. Kidd, 2957 Ridgeway

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): Internal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): generalized sarcomatosis
DUE TO (c): 199.2

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 X 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 12-24-57, to 2-4-58 and last saw her ~~him~~ alive on 2-4-58
Death occurred at 1205 PM 2-4-58 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arne E. Carlson M.D.

22b. ADDRESS: 950 Francis Pl. Clayton 5, Mo.

22c. DATE SIGNED: 2-5-58

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

23b. DATE: 2-7-1958

23c. NAME OF CEMETERY OR CREMATORY: Lake Charles Park

23d. LOCATION (City, town or county) (State): Normandy, Missouri

24. FUNERAL DIRECTOR ADDRESS: Baumann Bros Inc. 2504 Woodson Rd., Overland, Mo.

25. DATE RECD. BY LOCAL REG.: 2/5/58

26. REGISTRAR'S SIGNATURE: Herbert R. Donke M.D. Sr.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Part I. Do not use symptoms, modes of dying, or diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 David C. Gibson

Licensed Embalmer No. 34

P. O. Address Portland

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.