

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012685

STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 875

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1-57  
001

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hillsdale</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Hillsdale</b> <sup>4161</sup>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6422 Curtis Ave.</b>		Length of stay in 1b <b>11 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>6422 Curtis Ave.</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>ALFONSO</b> Middle Last <b>KASE</b>			4. DATE OF DEATH Month <b>Mar.</b> Day <b>26</b> Year <b>1958</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 21, 1880</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Brake Inspector-Wagner Electric Co.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Electric Co.</b>	11. BIRTHPLACE (City and state or country) <b>New Orleans, La.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Alfonso Kase</b>	13b. MOTHER'S MAIDEN NAME <b>Ellen C. Kirk</b>	14. NAME OF HUSBAND OR WIFE <b>Alexia Kase</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not unknown) (If yes, give No. of years of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>492-09-3010</b>	17. INFORMANT <b>Alexia Kase</b>	Address <b>6422 Curtis Ave.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (b), (c), and (d).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 yrs</b> <b>8 yrs known</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Diabetes mellitus</b>	
	DUE TO (c) <b>260X</b>	
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? <b>2</b> YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year <b>p.m.</b>	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from Death occurred at <b>5:30 A.</b> <b>Apr. 1952</b> to <b>Mar. 26, 1958</b> and last saw him alive on <b>Mar. 25, 1958</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>M D Johnson M D</b> (Degree or title)	22b. ADDRESS <b>Ferguson Mo</b>	22c. DATE SIGNED <b>3/26/58</b> (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Mar. 29, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>S/S Peter &amp; Paul Cem.</b>	23d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>
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24. FUNERAL DIRECTOR <b>Kriegshauser</b>	ADDRESS <b>4228 S. Kingshighway</b>	25. DATE RECD. BY LOCAL REG. <b>3-28-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert B. Dumble</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

41.

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 *William B. White* .....

Licensed Embalmer No. *4991* .....

P. O. Address *528th St. S. E. ...* .....

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.