

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031246

STATE FILE NUMBER

FILED AUG 22 1958 Registration District No. 317 Primary Registration District No. 543 Registrar's No. 2173

S. 300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jennings		c. CITY OR TOWN Jennings 4138 6	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8832 Cozzens Ave		d. STREET ADDRESS 8832 Cozzens Ave.	
3. NAME OF DECEASED (Type or print) First JULIA Middle A Last KERSTING		4. DATE OF DEATH Month Aug. Day 19. Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-14-1881
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		9b. KIND OF BUSINESS OR INDUSTRY At Home	9c. BIRTHPLACE (City and state or country) St. Louis, Mo.
10a. FATHER'S NAME Joseph Goesse		10b. MOTHER'S MAIDEN NAME Katherine Mohrmann	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph Goesse		14. NAME OF HUSBAND OR WIFE Joseph A. Kersting	
15. SOCIAL SECURITY NO. None		16. INFORMANT Fred Kersting	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary thrombosis		minutes	
DUE TO (c) Arteriosclerotic Heart Disease		years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		19. WAS AUTOPSY PERFORMED? 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.)	
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 9-18-58 to 8-18-58 and last saw her alive on 8-18-58 Death occurred at 6:45 a.m. 8-19-58 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul E. Name, D.O.		22b. ADDRESS 6401 W. Flourissant St. Louis 20, Mo.	
22c. DATE SIGNED 8-19-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-22-58	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Mo.	
24. FUNERAL DIRECTOR Stock Mortuary		25. DATE RECD. BY LOCAL REG. 8-20-58	
26. REGISTRAR'S SIGNATURE Herbert R. Pomke M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

Mr Paul Heave
6401 W. Clairmont
Ev 5-9136 - 4 To 6

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 *Paul Q. Kaelter*

Licensed Embalmer No. *4787*
P. O. Address *St. Louis, Mo.*

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.