t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034435
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8431

1. PLACE OF DEATH
a. COUNTY: St. Louis Co.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Firmin Desloge Hosp — Length of stay in 1b: 7 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Berkeley 4041 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6031 Dowling — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Charles Middle H Last Krisher
Charles Krisher

4. DATE OF DEATH: Month 8 Day 31 Year 58

5. SEX: Male M

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: April 30 1941

9. AGE (In years last birthday): 17 — 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): Student

10b. KIND OF BUSINESS OR INDUSTRY: Berkeley High School

11. BIRTHPLACE (City and state or country): Barling, Arkansas

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry F. Krisher

13b. MOTHER'S MAIDEN NAME: Reba D. Ables

14. NAME OF HUSBAND OR WIFE: Never Married

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.: none

17. INFORMANT: Henry F. Krisher, 6031 Dowling — Address

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): Anoxia and pulmonary hypertension — INTERVAL BETWEEN ONSET AND DEATH: pt. 3 da.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): intravent. septal defect — INTERVAL BETWEEN ONSET AND DEATH: 17 yrs.
DUE TO (c): post op from open heart connection of same — INTERVAL BETWEEN ONSET AND DEATH: congenital
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 754.2

19. WAS AUTOPSY PERFORMED? YES ☒ 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 8-5-58 to 8-31-58 and last saw him/her alive on 8-31-58
Death occurred at 12:30 P.M. 12:30 PM on the date stated above; and to the best of my knowledge, from the causes stated. 8-31-58

22a. SIGNATURE (Degree or title): John Dolan Jr. — John T. Dolan, Jr. M.D.

22b. ADDRESS: Firmin Desloge Hosp. — Desloge Hosp.

22c. DATE SIGNED: 31 Aug 58

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

23b. DATE: Sept 4 1958

23c. NAME OF CEMETERY OR CREMATORY: Immaculate Conception

23d. LOCATION (City, town, or county) (State): Arnold, St. Louis Co., Mo

24. FUNERAL DIRECTOR ADDRESS: Math Hermann & Son, Inc., 2161 E. Fair

25. DATE RECD. BY LOCAL REG.: SEP 2 '58

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Clement McNary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.