

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021137

FILED VS MAY 26 1966

318

1003

5121

STATE FILE NUMBER

| | | | | | | | |
|--|----------------------------------|---|--|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ST. CLAIR | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo. | | Length of stay in 1b | | c. CITY OR TOWN RFD #1 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. #1 | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) COLUMBIA | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First FRED Middle O. Last KASSEL | | | 4. DATE OF DEATH Month May Day 13 Year 1960 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11/27/1895 | 9. AGE (last birthday) 64 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Messenger | | 10b. KIND OF BUSINESS OR INDUSTRY Lawyers Title Co | | 11. BIRTHPLACE (City and state or country) St. Louis, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Charles KASSEL | | | 13b. MOTHER'S MAIDEN NAME Mary SEBEN | | 14. NAME OF HUSBAND OR WIFE Minnie | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I | | 16. SOCIAL SECURITY NO. 494-05-2068 | | 17. INFORMANT Address Mrs. Minnie Kassel - Columbia, Illinois RFD #1 | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY Thrombosis DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) 420.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PT. WAS SEVEN DAY post operative following ABDOMINAL/ARTIC GRAFT. | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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.) | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | 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 | |
| 21. I attended the deceased from 4/26/60 to 5/13/60 and last saw her alive on 5/13/60 Death occurred at 7:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) John Allen Burrell M.D. | | | | 22b. ADDRESS 1515 Lafayette Ave. | | 22c. DATE SIGNED 5/14/60 | |
| 23a. BURIAL, CREMATION, or REMOVAL (Specify) Burial | | 23b. DATE May 17, 1960 | | 23c. NAME OF CEMETERY OR CREMATORY St. John's | | 23d. LOCATION (City, town, or county) (State) 1293 Cyr.Rd. St. Louis, Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS Harold A. Dashner, Dupo, Illinois | | | | 25. DATE RECD. BY LOCAL REG. MAY 16 1960 | | 26. REGISTRAR'S SIGNATURE Koal Smith, M.D. | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Howard Haskner*

Licensed Embalmer No. 4621

P. O. Address Dupo, Illinois

- 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.