RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-043778
STATE FILE NUMBER

FILED VS. NOV 23 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11026

DED

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Lemay
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 713 Dallas Dr.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: LILLIAN Middle: E Last: KERSTING
4. DATE OF DEATH: Month: November Day: 15 Year: 1960
5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/18/1909
9. AGE (last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): secretary
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Wolfsberger
13b. MOTHER'S MAIDEN NAME: not known
14. NAME OF HUSBAND OR WIFE: George P.
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.:
17. INFORMANT: George P Kersting Address: 713 Dallas Dr.

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): METASTATIC CARCINOMA OF LUNGS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): PRIMARY SITE UNDETERMINED
DUE TO (c): 165X
INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 DEC 1956, to 11/15/60 and last saw her/him alive on 11/15/60
Death occurred at 10:30 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: George A Dawson MD (Degree or title)
22b. ADDRESS: 6500 Chippewa
22c. DATE SIGNED: 11/15/60

23a. BURIAL, CREMATION, REMOVAL (Specify): cremation
23b. DATE: 11/18/1960
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR: John L Ziegenhein & Sons ADDRESS: 7027 Gravois
25. DATE RECD. BY LOCAL REG.: NOV 15 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Donald Bring

Signature of Student Embalmer

Licensed Embalmer No. 4863

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.