

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-044600

REGISTRATION No. 317 Primary Registration District No. 547 Registrar's No. 3370 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		Length of stay in 1b 19 Days	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3716 Dunnica Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ALFRED Middle J. Last KIESLING			4. DATE OF DEATH Month November Day 17, 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 Nov. 2, 1896	9. AGE (last birthday) 64 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Brewery	11. BIRTHPLACE (City and state or country) Danville, Illinois		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME August Kiesling		13b. MOTHER'S MAIDEN NAME Elizabeth Faulstich		14. NAME OF HUSBAND OR WIFE Norma Kruse Kiesling	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Norma Kiesling, 3716 Dunnica		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure - Postoperative		INTERVAL BETWEEN ONSET AND DEATH Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma - Transient Colon.		6 mo
DUE TO (c)		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 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 St. Louis, Mo.	COUNTY STATE
21. I attended the deceased from 1958 to 9/17/60 and last saw him alive on 9/17/60 Death occurred at 10:28 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE R. Arnezera Ind. (Degree or title)		22b. ADDRESS 8059 Watson Rd		22c. DATE SIGNED 11/18/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Nov. 21, 1960	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Memorial Gardens	23d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
24. FUNERAL DIRECTOR Beiderwieden F.H.Inc, 1936 St. Louis		25. DATE RECD. BY LOCAL REG. 11-19-60	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

DOCUMENT MEDICAL CERTIFICATION AFFIDAVIT OF

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position?
Dr. Raymond W.
Jorgensen
8059 Watson Road
Via. 1-8206

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 Daniel J. Le...

Licensed Embalmer No. 4520

P. O. Address St. Louis

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