

318

1003

3916

-61-015205

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 27 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		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 Saint Louis (11)		Length of stay in 1b Life	c. CITY OR TOWN Saint Louis (11) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6505 Minnesota Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4204 Virginia Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CATHERINE Middle HANSTEIN Last		4. DATE OF DEATH Month April Day 22 Year 1961	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/19/78
9. AGE (last birthday) 82		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) None		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) St. Louis Co., Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Philip Kempf	
13b. MOTHER'S MAIDEN NAME Mary Koeninger		14. NAME OF HUSBAND OR WIFE Herman (Deceased)	
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. None	
17. INFORMANT Viola Beckley		Address 6505 Minnesota Ave (11)	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory failure DUE TO (b) Pneumonia - Cystitis DUE TO (c) C.V.A.			INTERVAL BETWEEN ONSET AND DEATH 33 1/2
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 checked="" 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 5:05 a.m. p.m. Month, Day, Year April 20th 1961		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 Lemay (25) Mo. COUNTY STATE	
21. I attended the deceased from April 20th 5:05 a.m. to April 22 and last saw her/him alive on April 21st 61. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Enlo Rao M.D. (Degree or title)		22b. ADDRESS 5074 N. Union Blvd.	
22c. DATE SIGNED 4-24-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE April 25, 1961	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	23d. LOCATION (City, town, or county) (State) Lemay (25) Mo.
24. FUNERAL DIRECTOR Fendler Und, Co. ADDRESS 7420 Michigan Ave. (11)		25. DATE RECD. BY LOCAL REG. APR 24 1961	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

Dr. Carlo - Kao

5074 Union Blvd.

Ev. 5-1030

9-5 Mon.

MISSOURI

x (11) Saint Louis (11)

Life

(11) Saint Louis (11)

x 4204 Virginia Ave.

x

6505 Minnesota Ave.

April 22, 1961

HANSTON

CATHERINE

11/10/78

x

White

Female

St. Louis Co. Mo. U.S.A.

At Home

None

Herman (Deceased)

Mary Keenney

Phillip Keeney

492-28-2403 Viola Beckley 6505 Minnesota Ave (11)

None

No

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 W.G. Peterson

Licensed Embalmer No. 3767

P. O. Address 720 Mich

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.

Removal

Fengler Ung. Co. 7420 Michigan Ave.