

AMENDED Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5980 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b & 7 DAYS	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ST. CLAIR		c. CITY OR TOWN EAST 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 VAH, 915 NORTH GRAND AVE.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 2224 CAROL			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES C. KISSEL					4. DATE OF DEATH Month Day Year 6/26/61				
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 5/19/92	9. AGE (last birthday) 69	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) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY CARPENTER		11. BIRTHPLACE (City and state or country) WATERLOO, ILLINOIS		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME HENRY KISSEL			13b. MOTHER'S MAIDEN NAME KATHERINE KLUMP			14. NAME OF HUSBAND OR WIFE ANNA KISSEL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I			16. SOCIAL SECURITY NO.		17. INFORMANT Address ANNA KISSEL (WIDOW) SEE #2				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:									INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION									
DUE TO (b) CORONARY ATHROSCLEROSIS									
DUE TO (c) 4201									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PNEUMONIA--PONTINE HEMORRHAGE						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		COUNTY		STATE	
21. // attended the deceased from VA 6/19/61 to 6/26/61 and last saw him alive on 6/26/61 Death occurred at 10:05 AM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Robert M. Donati</i> ROBERT M. DONATI				22b. ADDRESS M.D. VAH, ST. LOUIS, MO.		22c. DATE SIGNED 6/26/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) ENTOMBMENT		23b. DATE JUNE 29, 1961	23c. NAME OF CEMETERY OR CREMATORY MT. HOPE MAUSOLEUM		23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.				
24. FUNERAL DIRECTOR ADDRESS KRIEGSHAUSER 4228 S. KINGSHIGHWAY BLVD.-			25. DATE RECD. BY LOCAL REG. JUN 27 1961		26. REGISTRAR'S SIGNATURE <i>Loal Smith M.D.</i>				

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 me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edwin A. M. Bennett

Licensed Embalmer No. 3024

P. O. Address _____

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.