MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-17 755 152 SL 27459

-62-008289

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2204 2204

FILED FEB 28 1962

VS 300 Rev. 4/59

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.Grand,St.Louis, Mo.
Length of stay in 1b: 10 minutes
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4035 Shaw Blvd.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FRANK Middle L. Last KANSTEIN

4. DATE OF DEATH: Month February Day 21 Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/8/90
9. AGE (last birthday): 71
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 Employee-St. Louis Independent Pkg.Co.
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: Frederick Kanstein
13b. MOTHER'S MAIDEN NAME: Laura Munchow
14. NAME OF HUSBAND OR WIFE: Gertrude Kanstein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-1
16. SOCIAL SECURITY NO.:
17. INFORMANT: Gertrude Kanstein (Wife), Address: Same add. as 2.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:) — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) CEREBRAL VASCULAR ACCIDENT

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) CEREBRAL ARTERIOSCLEROSIS

DUE TO (c) GENERALIZED ARTERIOSCLEROSIS 331X

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. VA attended the deceased from 2/21/62, to 2/21/62 and last saw her/him alive on
Death occurred at 1:10 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard K. Davis (Degree or title) M. D.
22b. ADDRESS VAH, ST. LOUIS, MO.
22c. DATE SIGNED 2/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE Feb. 26, 1962
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR: Kriegshauser ADDRESS: 4228 S. Kingshighway Blvd.
25. DATE RECD. BY LOCAL REG.: FEB 23 1962
26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Cleared thru Deputy Coroner, Mr. Simon, by Dr. Richard K. Danis, Vah, St. Louis, Mo.

OK Helen L. Todd Coroner 2-23-62

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	21		79
3			
4	0		
5	1		
6			
7	0		
8	1		
9			
10			
11			
12	33-0		
13			

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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_____ Signed Edwin A. McDermott
Signature of Student Embalmer

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.