

No. 2
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5-17-39
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FILED JUL 21 5 1947

State File No.

Registration District No.

Primary Registration District No. 6076

Registrar's No. 1465

1. PLACE OF DEATH:

(a) County St. Louis County, Mo.

(b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
VAH, Jefferson Barracks, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days) 73 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 4068a Juniata St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME AUGUST KIESS

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. 495-26-5794

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude Sommers Kiess

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased October 26, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>8</u>	<u>9</u>	hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Aligator Co.

12. Name August Kiess

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Schaff

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude Kiess

(b) Address 4068a Juniata

17. (a) Burial (b) Date thereof 7-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Kriegshauser Und.

(b) Address 4228 So. Kingshighway Blvd.

19. (a) 7-8-47 (b) Cecil A. Shaw
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1947 hour 3:10 minute P. M.

21. I hereby certify that I attended the deceased from June 30, 1947, to July 5, 1947;
that I last saw him alive on July 5, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis, chronic, adhesive

Duration
6 yrs.

Due to 132

Due to

Other conditions Pulmonary Tuberculosis
(Include pregnancy within 3 months of death)

Indefinite

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify).....
- (b) Date of occurrence.....
- (c) Where did injury occur?.....
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work? (Specify type of place).....
(c) Means of injury 0

23. Signature F. J. Mangano M.D. (M. D. or other)
address USVA Hospital, Jeff. Barracks, Mo. Date signed 7-5-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

AUG 7 1947

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Edwin M. Bernath

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 this body is not embalmed, fact should be so stated above.