

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34964  
7494

State File No. 1003

FILED NOV 8 1951

REG. DIST. NO. 318

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 2019</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Pacific Hospital</b>		d. STREET ADDRESS <b>4132 Tyrolean Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>James</b> c. (Last) <b>DEISTER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 25, 1951</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widower</b>	8. DATE OF BIRTH <b>April 14, 1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ass't Station Master</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Terminal R.R. Co.</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>68</b>
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Charles Deister</b>		13b. MOTHER'S MAIDEN NAME <b>Clara Meyer</b>	14. NAME OF HUSBAND OR WIFE <b>Late Anna Deister</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Clarence Deister 4132 Tyrolean</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>DIABETES MELLITUS</b>			INTERVAL BETWEEN ONSET AND DEATH <b>20 yrs</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>ARTERIOSCLEROTIC HEART DISEASE</b>			<b>10 yrs</b>
19a. DATE OF OPERATION <b>8/4/51</b>	19b. MAJOR FINDINGS OF OPERATION <b>Diabetic ulcer of amputation stump</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>260X</b>	
22. I hereby certify that I attended the deceased from <b>7/30</b> 19 <b>51</b> , to <b>Oct 25</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Oct 25</b> , 19 <b>51</b> , and that death occurred at <b>8:30</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>John T. Vandover, MD</b>		23b. ADDRESS <b>1755 So. Grand Blvd.</b>	23c. DATE SIGNED <b>10/26/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal (mtr)</b>	24b. DATE <b>10-29-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Carmel Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Belleville, Illinois</b>
DATE REC'D BY LOCAL REG. <b>OCT 26 1951</b>	REGISTRAR'S SIGNATURE <b>Earl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway B. vd</b>	

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

**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 .....  
Student Embalmer

Signed Richard W. Stovesand

Licensed Embalmer No. 4007

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.