

No. 300
10-28

FILED JUN 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18989

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1418

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 15		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. 4000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Villa Beau		d. STREET ADDRESS (If rural, give location) 11755 Riverview Drive	
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) Sister Mary Sebastian Kesthoeltes			4. DATE OF DEATH (Month) (Day) (Year) May 29, 1952
5. SEX 2 /	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 10, 1893
9. AGE (In years last birthday) 78	# UNDER 1 YEAR 8	# UNDER 1 YEAR 19	# UNDER 1 YEAR House
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) Krakow, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Anton Kesthoeltes	13b. MOTHER'S MAIDEN NAME Sophie Roelke	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Sister Mary Loyola, 11755 Riverview Drive	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, extreme, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage at ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertensive cardiovascular disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 5 days 5 yrs. 5 yrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?	
22. I hereby certify that I attended the deceased from May 10, 1952, to May 29, 1952, that I last saw the deceased alive on May 27, 1952, and that death occurred at 8 PM., from the causes and on the date stated above.			
23a. SIGNATURE J. W. [Signature] (Degree or title) MD	23b. ADDRESS 8321 N. Broadway	23c. DATE SIGNED 5-31-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 1, 1952	24c. NAME OF CEMETERY OR CREMATORY Villa Beau Cemetery	24d. LOCATION (City, town, or county) (State) 11755 Riverview Drive, St. Louis, Mo.
DATE RECD BY LOCAL REG. 5-29-52	REGISTRAR'S SIGNATURE Herbert R. Bomke MD	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Fendler Und. Co. 7420 Michigan Ave.	

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

S. 15W (Licensed Embalmer's Statement on Reverse Side)

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address St. Louis

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.