

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1716

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where 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) Riverview Gardens
c. LENGTH OF STAY (in this place) 45 yr

c. CITY (If outside corporate limits, write RURAL and give township) Riverview Gardens
OR TOWN 4010

d. FULL NAME OF HOSPITAL OR INSTITUTION 581 Leeton Ave.,

d. STREET ADDRESS (If rural, give location) 581 Leeton Ave.,
0

3. NAME OF DECEASED (Type or Print)
a. (First) Carl b. (Middle) Wilhelm c. (Last) Kamischke

4. DATE OF DEATH (Month) (Day) (Year)
June 23rd, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH April 15th, 1863

9. AGE (In years last birthday) 89
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
farmer

10b. KIND OF BUSINESS OR INDUSTRY
farm

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Christopher Kamischke

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Emma Kamischke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Bertha Hogan, 581 Leeton Ave.,

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
Generalized Arterio Sclerosis
INTERVAL BETWEEN ONSET AND DEATH 10 yrs

ANTECEDENT CAUSES
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4500

20. AUTOPSY? YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1952 to June 27, 1952, that I last saw the deceased alive on June 26, 1952 and that death occurred at 5:50 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John P. Lyover M.D.

23b. ADDRESS 820 9 G. Broadway

23c. DATE SIGNED June 24-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6/24/52

24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. 6-24-52

REGISTRAR'S SIGNATURE Herbert R. Domba MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Diedrich F. Home 8319 Hallsferry

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

Eleanore

Licensed Embalmer No.

3403

P. O. Address

St. Louis Mo

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.