

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 42293
Registrar's No. 11136

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 42293		Registrar's No. 11136		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis			c. LENGTH OF STAY (In this place) _____			c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION. 5416 Dresden				e. STREET ADDRESS (If rural, give location) 5416 Dresden		20290				
3. NAME OF DECEASED (Type or Print) a. (First) Louise			b. (Middle) M		c. (Last) Culli		4. DATE OF DEATH (Month) (Day) (Year) Dec. 4, 1954			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH Aug 30, 1891		9. AGE (In years last birthday) 63		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Paul Kaltenrieder			13b. MOTHER'S MAIDEN NAME Louise Dauer			14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Orville Culli				ADDRESS 5416 Dresden	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Generalized ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Rt Breast DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardio-Vascular Disease						INTERVAL BETWEEN ONSET AND DEATH 8 months 2 1/2 yrs. 3 1/2 yrs.		
19a. DATE OF OPERATION 4/4 2/2 1950		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? 170x						
22. I hereby certify that I attended the deceased from Aug 1952 , to Dec 8, 1954 , that I last saw the deceased alive on Dec 2, 1954 , and that death occurred at 3:30 A.M. , from the causes and on the date stated above.										
23a. SIGNATURE John L Ziegenhein (Degree or title) M.D.				23b. ADDRESS 3720 Washington St			23c. DATE SIGNED 12/4/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/7/54		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) Affton Mo				
DATE REC'D BY LOCAL REG. DEC 7 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons ADDRESS 7027 Gravois					

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *B. P. Kidwell*.....

Licensed Embalmer No. *3877*.....

P. O. Address *7027 Grand*.....

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.