

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

18354^a

1. PLACE OF DEATH

County Jefferson Registration District No. 423 File No. 19
 Township _____ Primary Registration District No. 5578 Registered No. _____
 City St. Louis (Miss. Riv. - from 900. Kimmorick St. - about 2 miles below St. Louis) (Ward)

2. FULL NAME

(a) Residence. No. 4464 N. Taylor St. Ward. St. Louis Mo.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>0 - 10 - 1934</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR)					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	
<u>22</u>		<u>8</u>	<u>11</u>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Laborer</u>					
(b) General nature of industry, business, or establishment in which employed (or employer) _____					
(c) Name of employer <u>don't know</u>					

9. BIRTHPLACE (CITY OR TOWN) Dresden
 (STATE OR COUNTRY) Germany

PARENTS	10. NAME OF FATHER <u>Ignatz Kaiser</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Dresden</u> (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Anna Fichtensowald</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Dresden</u> (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT Ignatz Kaiser
 (Address) 4464 N. Taylor Ave

15. FILED 6/23, 1935
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/21/25 1935
 17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
By drowning in Mississippi River

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Bernhard Messer, P. P.
 , 19 (Address) Kimmorick Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Louis DATE OF BURIAL 6/24th 1935

20. UNDERTAKER Provar Drehrman ADDRESS 3710 N. Grand ave St. Louis mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

August 8, 1925.

Mr. James Stewart, M.D.,
State Registrar,

Dear Sir:

In reply to your letter of the 31st ult., regarding the drowning of Oscar Kaiser, of 4460 North Taylor Avenue:

To the best of our knowledge he came to his death at St. Louis, in the Mississippi River, at 7200 North, off the foot of Humboldt Avenue, where he had crossed the river to an island on the Illinois side.

Yours respectfully,

Mrs. A. Kaiser

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1. PLACE OF DEATH.

County Jefferson Registration District No. 423 File No. 19
 Township Primary Registration District No. 5378 Registered No.
 City St. Louis (No. 0) St. Ward)

2. FULL NAME

Oscar Kaiser
 (a) Residence. No. St. Ward. St. Louis Man
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED SS
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/21 - 1920
 17. I HEREBY CERTIFY That I attended deceased from to 19....., (that I last saw him alive on 19....., and that death occurred, on the date stated above, at m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 8 11

THE CAUSE OF DEATH WAS AS FOLLOWS:

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Labr
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer Don't know

CONTRIBUTORY (SECONDARY) 3 25
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Greider
 (STATE OR COUNTRY) Germany

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Guants Kaiser

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Grasden
 (STATE OR COUNTRY) Germany

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) Bernhard Messer J. P. M.D. 19..... (Address) Kimmarswick Mo

12. MAIDEN NAME OF MOTHER Anna Fisklermahl

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Louis DATE OF BURIAL 6/24 1920

15. FILED 6/23 1925 H. W. Eld REGISTRAR

20. UNDERTAKER Probst - Lehman ADDRESS St Louis

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
 N. B. Every item of information should be properly classified. Exact statement of OCCUPATION is very important. AC SICIANS should sig

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