

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

Do not use this space.

7213

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Meigs Primary Registration District No. 1007 File No.....
 City..... Barnes Hospital Registered No. 2192 St. Ward)

2. FULL NAME KAY, S. R., HERMAN

(a) Residence. No. 2138 Blenden Pl. St. 4 Ward.
 (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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Kayser

17. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1928, to Feb 26, 1928 that I last saw him alive on Feb 26, 1928, and that death occurred, on the date stated above, at 5:00 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 11 - 1845

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 11 — —

Lobar Pneumonia
10/2 (duration) yrs. mos. ds.
10/10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant
 (b) General nature of industry, business, or establishment in which employed (or employer) Wholesale Grocer
 (c) Name of employer Retired

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

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

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

10. NAME OF FATHER Not known

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

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

WAS THERE AN AUTOPSY? yes

12. MAIDEN NAME OF MOTHER ?

WHAT TEST CONFIRMED Clinical Autopsy
 (Signed) H. H. Neashe, M. D.
7/27, 1928 (Address) Barnes Hosp.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
 (STATE OR COUNTRY)

*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.

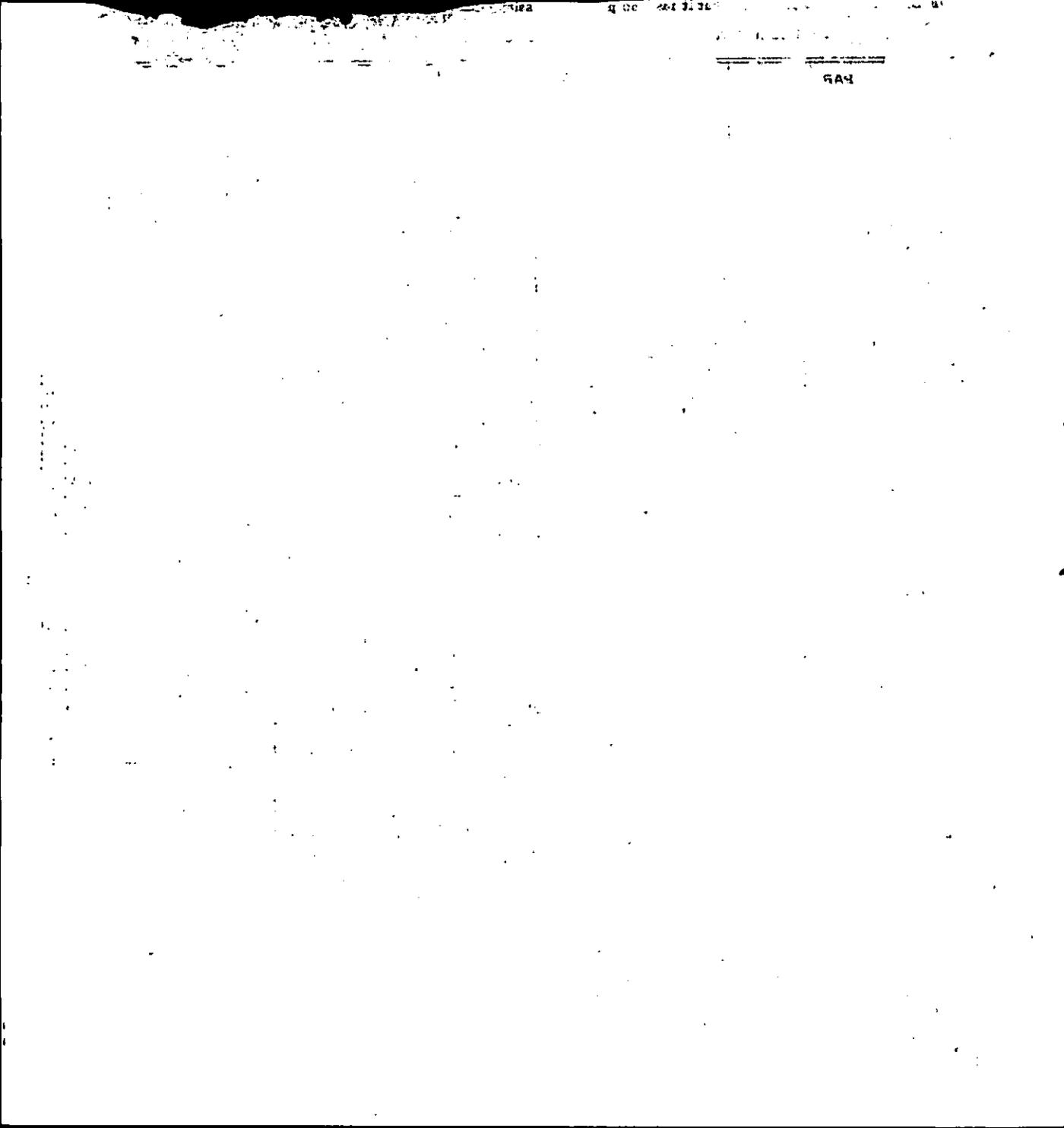
14. INFORMANT Wm. C. Gray
 (Address) 3733 Lindell

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter's Cem. DATE OF BURIAL Feb. 28 1928

15. FILED 28 '28 Marie Stapp REGISTAR

20. UNDERTAKER Wagon L. Co. ADDRESS 2707 Grand

CAUSE OF DEATH in plain terms, so that it may be properly classified.



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION REQUESTED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County.....
Township *Sh L*.....
City *Sh L*..... (No.)

Registration District No. *791*
Primary Registration District No. *1003*

File No.
Registered No. *2198*
St. Ward)

2. FULL NAME

Herman Kayser
(a) Residence. No. St. Ward.
(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 (write the word) *M.*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *2-26* 19 *28*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY, That I attended deceased from to 19....., (that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Mar 26 - 1845*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (duration)..... yrs. mos. ds.
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

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

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

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

10. NAME OF FATHER

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

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

WAS THERE AN AUTOPSY?.....

12. MAIDEN NAME OF MOTHER

WHAT TEST CONFIRMED DIAGNOSIS?.....

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

(Signed)....., M. D. , 19 (Address)

*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.

14. INFORMANT (Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. FILED *100-91120* *Mar 6 1928* REGISTRAR

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

FEE FOR CERTIFICATES UNTIL THEY ARE CANCELLED BY LAW
REGISTRARS
MAY BE PROPERLY CLASSIFIED... but statement of OCCUPATION is very important.
CAUSE OF DEATH

5-72(3)