

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15633

15364

1. PLACE OF DEATH

County Alexian Bros Hospital Registration District No. 791  
Township..... Primary Registration District No. 1003  
City..... (No. ....) St. .... Ward)

File No. ....  
Registered No. 4593

2. FULL NAME

Martin Kautz  
(a) Residence. No. Jefferson Park Plaza Rt # 8 Ward. 24 St. Louis Co. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
ab. 58

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Basket-Maker 920  
(b) General nature of industry, business, or establishment in which employed (or employer) 1010  
(c) Name of employer

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Bro. Alleyes  
(Address) 3923 No Broadway

15. FILED 27 1928 April C Sturcken  
19... REGISTRAR

20 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7<sup>th</sup> 1928

17. I HEREBY CERTIFY That I attended deceased from March 5<sup>th</sup> 1928, to April 7<sup>th</sup> 1928 that I last saw him alive on April 7<sup>th</sup> 1928, and that death occurred, on the date stated above, at 2:10 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Mitral Regurgitation Heart

CONTRIBUTORY (SECONDARY) Chronic Bronchitis  
non Tubercular (duration) 5 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Albert Beisbarth, M. D.  
April 7<sup>th</sup> 1928 (Address) 3548 S. Grand Bl.

\*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.

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

St. Louis Co. Mo. 4/10/28

20. UNDERTAKER ADDRESS

W. C. ...

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.

