SEP 24 1928

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

Do not use this space.

26518

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 999
City St. Joseph, (No. Mercy Hospital, St. Ward)

2. FULL NAME Herman H. Kautz,
(a) Residence. No. 2844 Olive St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 25 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14, 1887

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
41	2	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Traveling Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale Grocer
(c) Name of employer Carder Grocery Co.

9. BIRTHPLACE (CITY OR TOWN) Terre Haute,
(STATE OR COUNTRY) Indiana,

PARENTS
10. NAME OF FATHER Lewis Kautz,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Illinois,
12. MAIDEN NAME OF MOTHER Susan Von Allman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Interlocken,
(STATE OR COUNTRY) Switzerland,

14. INFORMANT Mrs. H. H. Kautz
(Address) 2844 Olive Street

15. FILED AUG 20 1928, 19 John G. Fitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 18 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1928 to Aug 18, 1928 that I last saw him alive on Aug 18, 1928, and that death occurred, on the date stated above, at 7:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis due to chronic abscess appendix
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 18 1928
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Physical finding
(Signed) [signature], M. D
8/20, 1928 (Address) Mercy Hospital

*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: Ashland Cemetery
DATE OF BURIAL: Aug. 21 1928

20. UNDERTAKER: Heaton, Br Gale & Bowman
ADDRESS: 319 S. 10 St.
Funeral Home

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.