

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

Do not use this space.

32183

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. Deaconess Hospital) St. Ward)

File No.
 Registered No. 9485

2. FULL NAME Lary A. Kayser

(a) Residence, No. 5512 Maple Ave. St. 5 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

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

John W. Kayser

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 24, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 7 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

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

PARENTS

10. NAME OF FATHER John McNamara

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

12. MAIDEN NAME OF MOTHER Jennie Scanlon

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

14. INFORMANT Melan Winkler
 (Address) 5512 Maple Ave.

15. FILED 3-3-19 Max C. Stankoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 24 19 28

17. I HEREBY CERTIFY That I attended deceased from Sept 20 1928 to Sept 24 1928 that I last saw him alive on Sept 20 1928 and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis, acute
Peritonitis

CONTRIBUTORY (SECONDARY) 1170

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Harford Phillips, M. D.
 , 19 (Address) 1119 N. Wilson Blvd

*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 St. Peters Cem DATE OF BURIAL Sept 26 1928

20. UNDERTAKER Alexander & Sons ADDRESS 6175 Delmar

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.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

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