

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

Do not use this space.

29589

1. PLACE OF DEATH

County..... Registration District No. 792
 Township..... Primary Registration District No. 003
 City St. Louis (No. 1300 Mississippi Ave St. _____ Ward _____)

File No. _____
 Registered No. 8776

2. FULL NAME

Julius C. Kaysing
 (a) Residence No. 1300 Mississippi Ave St. 22 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 Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Berthamel Volbrath
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 7th 1849
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 10 19
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Baker
 (b) General nature of industry, business, or establishment in which employed (or employer). Retired
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Belleville
 (STATE OR COUNTRY) Illinois
 10. NAME OF FATHER Unknown Kaysing
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) _____

14. INFORMANT Tilhi Kaysing
 (Address) 1300 Mississippi Ave

15. FILED 19 12 4 1929
 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 26th 1929
 17. I HEREBY CERTIFY, That I attended deceased from Aug 24th 1929 to Aug 26th 1929 that I last saw him alive on 8-26-29 1929, and that death occurred, on the date stated above, at 7:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Regurgitation of Stomach
Pyelo nephritis
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTOR (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) [Signature] M. D.
 (Address) 1343 511 St

*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. Matthews Cem DATE OF BURIAL 8-29-1929

20. UNDERTAKER Witt Bros. 2460 2928 So. Jefferson

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.

PARENTS

