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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. St. Marys Infirmary St. ..... Ward)

File No. 40879

Registered No. 11525

2. FULL NAME Frank A. Kaiser

(a) Residence. No. 3445 Hartford St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/3/1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	56	4	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Locomotive Engeneir

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

(c) Name of employer Terminal R.R.

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

PARENTS

10. NAME OF FATHER Frank Kaiser

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

12. MAIDEN NAME OF MOTHER Mary Mattler

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

14. INFORMANT Grace Kaiser
(Address) 3445 Hartford

15. FILED FEB -9 1937 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/6/30 19

17. I HEREBY CERTIFY, That I attended deceased from 12-5- 1930, to 12-6 1930, that I last saw h..... alive on 12/6 1930, and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

59

108

..... (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus

..... (duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Patients Home

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) Dr P. D. Blackburn, M. D.

, 19 (Address) 3115 So Grand

57

*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 Old S. S. Peter & Paul

DATE OF BURIAL 12-10 1930

20. UNDERTAKER McLaughlin

ADDRESS 1631 Mo, Ave,

5th May 3.