

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

Do not use this space.

12017  
96

1. PLACE OF DEATH  
 2638 County Boole Registration District No. 213  
 Township Jefferson Primary Registration District No. 3014  
 City Jefferson (No. ....) St. .... Ward (No. ....) Ward

2. FULL NAME Charles Kaiser  
 (a) Residence, No. Madison Hotel St. .... Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 15-1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
58	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager<sup>33</sup>

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Madison Hotel

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jb. Mo. 1

FATHER 13. NAME John B. Kaiser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England

MOTHER 15. MAIDEN NAME Mary Paschel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria<sup>3</sup>

17. INFORMANT (ADDRESS) Mrs. S. V. Bedford  
Jb Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jb Mo. DATE Apr. 27-1932

19. UNDERTAKER (ADDRESS) Chas. P. Neirich  
Jb Mo.

20. FILED 4/28/32 1932 S. V. Bedford Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 25-1932

22. HEREBY CERTIFY, That I attended deceased from Apr. 18 1932, to Apr. 25 1932  
 I last saw him alive on Apr. 25 1932 Death is said to have occurred on the date stated above, at 6:20 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage  
82  
 Other contributory causes of importance:  
Cerebral hemorrhage  
82

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify .....  
 (Signed) S. V. Bedford , M. D.  
 (Address) Jb Mo.

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.

MAY 28 1932

