

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

Do not use this space.

37430

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis Mo. (No. 3450 Missouri Ave.)

File No.....  
Registered No. 10078  
St. .... Ward)

**2. FULL NAME**

Henry Kaiser  
(a) Residence, No. 3450 Missouri Ave. St., 24 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 4-1882</u>				
7. AGE	YEARS <u>50</u>	MONTHS <u>8</u>	DAYS <u>8</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Police officer</u>			
	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) <u>St. Louis Mo.</u>				
FATHER	13. NAME <u>Philip P. Kaiser</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Barbara Kelly</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	17. INFORMANT <u>Edna Kaiser</u> (ADDRESS) <u>3450 Missouri Ave.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcus.</u> DATE <u>Nov. 15th</u> 19 <u>32</u>				
19. UNDERTAKER <u>Freigenshain Bros.</u> (ADDRESS) <u>26 1/2 E. Chestnut St.</u>				
20. FILED <u>Nov 15 1932</u> <u>[Signature]</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

1  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1931, to Aug 1 1932  
I last saw him alive on Aug 1 1932 Death is said to have occurred on the date stated above, at 9:45 P.M.  
The principal cause of death and related causes of importance were as follows:  
Tuberculosis  
23 P  
23  
Other contributory causes of importance:  
none  
Date of onset

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? NO

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? NO  
If so, specify.....  
(Signed) Matt E. Heimerich, M. D.  
(Address) 214 Chasman Street Bldg.

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.

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