

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

Do not use this space.

34446

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 703
 City St. Louis (No. 4401, Tennessee) St. Ward)

File No.
 Registered No. 8564
 St. Ward)

2. FULL NAME

Julia Kaiser
 (a) Residence, No. 4401 Tennessee St., 15 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 <u>Female</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 <u>John Kaiser</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 5th 1858</u>					
7. AGE		YEARS <u>75</u>	MONTHS <u>4</u>	DAYS <u>26</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>Housework</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</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>Switzerland</u>					
FATHER	13. NAME <u>Alfmann</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
MOTHER	15. MAIDEN NAME <u>Unknown</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
17. INFORMANT (ADDRESS) <u>John Kaiser</u> <u>4401 Tennessee</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moscow Crematory</u> DATE <u>10-4</u> 19 <u>33</u>					
19. UNDERTAKER (ADDRESS) <u>Jacky Holderle</u> <u>2331 So Broadway</u> <u>St. Louis</u>					
20. FILED <u>Oct - 2 1933</u> <u>J. H. Redek</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15th 1930 to Oct 1st 1933
 I last saw h. alive on Oct 30, 1933 Death is said to have occurred on the date stated above, at 4 A. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Hypertension about 9 1/2 yrs ago
16 1/2 yrs ago
 Other contributory causes of importance:
Stroke
 Name of operation None 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) Edmund J. Sauer, M. D.
 (Address) 705 - Olive St.

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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