

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township Walden
City Desoto (No.)

Registration District No. 420
Primary Registration District No. 3022

File No. 13325
Registered No. 24 (Ward)

2. FULL NAME

Albert Henry Kausler

(a) Residence, No. 817 N. 4th - St. 3rd Ward.

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Martha Kausler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 - 10 - 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broom Mfg.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -
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) Aurora Ill.

13. NAME Alfred Kausler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -

17. INFORMANT (ADDRESS) Emma Kausler, Desoto Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Success DATE April 6, 1934

19. UNDERTAKER (ADDRESS) Richardson & McKusick, Desoto Mo.

20. FILED 4/4 1934 Rev. J. L. Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1934, to April 3, 1934. I last saw him alive on April 1-3, 1934. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis Date of onset 1-31-34
SSA
Other contributory causes of importance: None

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? no
If so, specify Stallion Gibson, M. D.
(Signed) Stallion Gibson
(Address) Desoto, Mo.

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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JUN 22 1934
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