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

Do not use this space.

File No. 26824

Registered No. 7040

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. 3908 Garfield St. Ward)

2. FULL NAME Antonia Kaiser

(a) Residence, No. 3908 Garfield St., 11 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 23-1869

7. AGE: Years 65 Months 3 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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

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) St. Louis

FATHER

13. NAME Henry Kaiser

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

MOTHER

15. MAIDEN NAME Katherine Wachmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Balto Md

17. INFORMANT (ADDRESS) Louis Kaiser 3908 Garfield

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis DATE 7-19-1934

19. UNDERTAKER (ADDRESS) F. Row Undtg Co 2797 Grand Blvd

20. FILED 7-17-1934 19 J. J. Breitel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/4, 1933, to 7/16, 1934

I last saw her alive on July 16, 1934. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

	Date of onset
Heart Block	
Chronic Interstitial Heart	12/33
9344	
8766	
Other contributory causes of importance:	
Epileptiform Seizures	7/16/34

Name of operation None Date of .....

What test confirmed diagnosis? E.K.G. 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? .....

If so, specify .....

(Signed) Floyd Stewart, M.D.

(Address) Chronic Beat

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.

AUG 16 1935