

JUN 12 1935

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

Do not use this space.

18291

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **2905 University St.**)

File No.
Registered No. **4639**
St. Ward

2. FULL NAME

Albert G. Kaiman
(a) Residence, No. **2905 University** St. **20** 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 **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 **Frances W. Kaiman**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 28 - 1865**

7. AGE YEARS **70** MONTHS **3** DAYS **24** If LESS than 1 day, hrs. or min.

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

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

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

12. BIRTHPLACE (CITY OR TOWN) **Manchester** (STATE OR COUNTRY) **Mo.**

13. NAME **Herman Kaiman**

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

15. MAIDEN NAME **Mary Madeline Voss**

16. BIRTHPLACE (CITY OR TOWN) **St. Thomas** (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Lambert Kaiman** (ADDRESS) **2905 University St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter + Paul** DATE **May 25** 19**35**

19. UNDERTAKER **Cullinane Bros** (ADDRESS) **1710 N. Grand**

20. FILED **MAY 25 1935** **J. Bredek** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 22** 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **May 10** 19**35**, to **May 22** 19**35**

I last saw him alive on **May 22** 19**35**. Death is said to have occurred on the date stated above, at **4:45** a.m.

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

Myocarditis (acute & hyper-trophic) with a chronic Parenchymatous nephritis Date of onset

Other contributory causes of importance: **Arterio-sclerosis** | **3** |

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes**.

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) **Al Bender**, M. D.

(Address) **2206 Howard St.**

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.

2206

1951