

JAN 13 1986

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

Do not use this space.

41472

10708

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City, *St. Louis* (No. *13196*)

City *St. Louis*

File No. *10708*

Registered No. ....

St. .... Ward

2. FULL NAME

*William Kayasing*

(a) Residence, No. *4002 Magnolia* (Usual place of abode) *Ward 17*

Length of residence in city or town where death occurred *15* 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 (*writes the word*) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 12 1892*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *63 2 5*

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Kaysing Iron Works*

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) *Bellefonte Illinois*

13. NAME *William Jacob Kayasing*

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

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *Storj Inj. City St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Sunset Burial Park* DATE *Dec 19 1985*

19. UNDERTAKER (ADDRESS) *Wm J. Robert 1905 S. Grand Blvd*

20. FILED *DEC 18 1985* *J. Bredeck Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12 17 85*

22. I HEREBY CERTIFY, That I attended deceased from *12 22 1932*, 1932, to *12 17 1935*, 1935

I last saw *him* alive on *12 17 1932* Death is said

to have occurred on the date stated above, at *St. Louis*

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

*Generalized Atherosclerosis  
Chronic Myocarditis  
Renal Calculus* Date of onset *1934*

Other contributory causes of importance:

*Thrombus of abdominal aorta*

*periprosthetic Prostate*

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?

If so, specify

(Signed) *M. Zingale* M. D.

(Address) *City St. Louis*

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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