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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. FEB 8 1937 791 File No. 3970

Township ..... Primary Registration District No. 1003 Registered No. 1010

City St. Louis, Mo. (No. 1415a Warren Str. St. ..... Ward)

2. FULL NAME John Kayser

(a) Residence, No. 1415a Warren St. St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6, 1887

7. AGE: YEARS 49 | MONTHS 5 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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. Butcher
10. Date deceased last worked at this occupation (month and year) July 1933
11. Total time (years) spent in this occupation 33 Yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER

13. NAME Aug. Kayser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Eliz. Zurmeuhlen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Mrs. John Kayser 1415a Warren Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Jan. 23rd, 1937

19. UNDERTAKER (ADDRESS) A. Brockland L & U. Co 1827 Hogan St.

20. FILED 1-22, 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20th, 1937.

22. I HEREBY CERTIFY, That I attended deceased from 1-12, 1937, to 1-20, 1937

I last saw him alive on 1-17, 1937. Death is said to have occurred on the date stated above, at 7:40 A.M.

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

	Date of onset
Pulmonary Tuberculosis	3 mo

Other contributory causes of importance: J. 3.

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

What test confirmed diagnosis? Lab 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? no

If so, specify .....

(Signed) Robert S. Sandino, M. D.

(Address) 1452 N 15