

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32172

Do not use this space.

1. PLACE OF DEATH OCT 14 1937

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003** Registered No. **8226**  
 (c) City St. Louis mo (d) Street No. 4734 Beethoven Ave. St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 61 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Miss Anna Kaiser  
 (a) Residence, No. 4734 Beethoven Ave. St. 15 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22nd 1937, to Aug. 30th 1937  
 I last saw her alive on Aug. 30th 1937. Death is said to have occurred on the date stated above, at 1:30 p. m.  
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 2 3

Chronic interstitial nephritis  
Myocarditis  
 Other contributory causes of importance:  
Myocarditis  
 Date of onset years

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed  
 9. Industry or business in which work was done, as 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) Missouri

13. NAME Edward Kaiser

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

15. MAIDEN NAME Ernestina Brandeburger

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

17. INFORMANT (ADDRESS) Miss Loretta Brady  
4306 Eschelberger St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Church DATE 9/2 1937

19. FUNERAL DIRECTOR (ADDRESS) Chas. G. Bull  
4452 Washington

20. FILED SEP 1 1937 J. Bredeck Local Registrar.

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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) C. M. Sepuright M. D.  
 (Address) 2327 E. 12th St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY how long should be carefully supplied.

0669

STATEMENT BY LICENSED EMBALMER

I, Howard F Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Howard F Rowland  
Licensed Embalmer No. 3114

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**