

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

OCT 14 1937

32293
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City.....**St. Louis**
(d) Street No.**3937a North 20th Street**.....**791**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

FERDINAND C. KAYSER,
(a) Residence, No.**3937a North 20th Street**.....**26**.....**8287**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Magdalena Kayser (Fensterer)**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 25, 1853**

7. AGE YEARS **83** MONTHS **9** DAYS **7** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**
9. Industry or business in which work was done, as saw mill, bank, etc. **Butcher**
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) **Germany**

13. NAME **Theodore Kayser**

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

15. MAIDEN NAME **Louisa Hoemecke**

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

17. INFORMANT (ADDRESS) **Magdalena Kayser**
3937 North 20th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Sept. 4, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Math. Hermann & Son**
2161 East Fair Avenue

20. FILED **SEP 3 1937** **J. F. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 1, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 19, 1935**, to **Sept. 1, 1937**.
I last saw him alive on **Sept. 1, 1937**. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Arteriosclerosis
Chronic Hypertrophy
Date of onset **1935**
Aug. 30, 1937

Name of operation..... Date of.....
What test confirmed diagnosis? **Exam** 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) **Louis Kappel**, M. D.
(Address) **2114 E. Grand Blvd.**

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2110

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G.

Buchholz, L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2110

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