

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

32332

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis.** (d) Street No. **St. John's Hospital** Registered No. **8386**
(e) Length of residence in city or town where death occurred **50** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Louis Kaysing
(a) Residence, No. **4520 Morganford Rd.** St. **15**
(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 (Use the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 3, 1871.**

7. AGE YEARS **65** MONTHS **9** DAYS **--** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Barber**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month, day, and year) **Retired 5 yrs.** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Belleville,** (STATE OR COUNTRY) **Ills.**

13. NAME **Jacob Kaysing**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

15. MAIDEN NAME **Elizabeth Reitz**

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

17. INFORMANT **Helen Kaysing** (ADDRESS) **4520 Morganford Rd.**

18. BURIAL, CREMATION, OR REMOVAL **Sunset Burial Park** DATE **Sept. 7, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **J. N. Hebbken Lx & Co. 2842 Meramec St.**

20. **SEP 7 1937** 19 **J. L. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 3, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **4/12, 1937, to 9/3, 1937**

I last saw him alive on **9/3/37**, 19... Death is said to have occurred on the date stated above, at **11:55 P. m.**

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

**Myocarditis, chronic
Coronary Disease**

Date of onset **?**

Other contributory causes of importance: **93c**

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) **W. C. Ball** M. D.
(Address) **36158 Grand Ave**

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.

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

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

----- L. E. -----

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

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

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.)