

JAN 10 1938

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

43027
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. **Park Lane Hosp.** 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mary H. Kaysser**

(a) Residence, No. **5642 Alabama** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **George Kaysser**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 20 1869**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 3 16
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
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) **Santa Claus Indiana**

FATHER 13. NAME **Leonard Yeager**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Louisa ?**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Mrs. Walter Braun**
(ADDRESS) **3168th Iowa**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Evansville Ind.** DATE **12-8-37**

19. FUNERAL DIRECTOR **Oscar J. Hoffmeister**
(ADDRESS) **4016 Chippewa St.**

20. FILED **DEC 7 1937**
J. Biedeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 6, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **12-5-1937** to **12-6-1937**

I last saw her alive on **Dec 6, 1937** Death is said to have occurred on the date stated above, at **11:50 A.M.**

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

Chronic Interstitial Obstructive pulmonary adhesions, cause of which is unknown Date of onset

Other contributory causes of importance:
Chronic Interstitial Obstructive

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? **No** 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) **J. Biedeck**
(Address) **15930 Lindell Blvd. Forest 2825**

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.

877

1 X12004

1937-12-36
1869-8-20
68-3-16

STATEMENT BY LICENSED EMBALMER

I, Edwin H. Leebinger, Licensed Embalmer No. 3888

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 Edwin H. Leebinger

Licensed Embalmer No. 3888

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.)