REC'D APR 22 1938

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

Do not use this space.

1. PLACE OF DEATH
County St Charles
Township
City St. Charles (No. St. Joseph Hospital St. Ward)

Registration District No. 757
Primary Registration District No. 3036

File No. 11925
Registered No. 49

2. FULL NAME Stillborn - Keisacker 226

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

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 19, 1938

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, 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) St. Charles, Mo. 0

FATHER
13. NAME Kenneth Kern Keisacker 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lakota N. Dak. 1

MOTHER
15. MAIDEN NAME Lenora Ovidia Urvand
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McVille N. Dak

17. INFORMANT (ADDRESS) Kenneth Kern Keisacker Route 2 - St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. John. Cottleville, Mo. DATE Feb 20 1939

19. UNDERTAKER (ADDRESS) No.

20. FILED 4/6 1938 Clarence G. Wessler Registrar. A 679

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 19, to, 19
I last saw h— alive on —, 19 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:

	Date of onset
Stillborn.	
Premature (Estimated 4½ mos.)	
Cause of ~~[illegible]~~	
Fetal death unknown	

Other contributory causes of importance:

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) [signature], M. D.
(Address) St Charles, Mo

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.