

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

19446
 Do not use this space.

REC'D JUN 7 1938

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 789
 (b) Township Clayton Primary Registration District No. 161
 (c) City Clayton (d) Street No. St. Louis County Hospital Registered No. 848
 (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 Harriet Jane Kayser
 (a) Residence, No. 9423 Emerson St. 1 Overland, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18-1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 23
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
 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 0
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton, Mo.
 13. NAME Harry Kayser 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Mo.
 15. MAIDEN NAME Frances Moll
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portsmouth, N. H.
 17. INFORMANT (NAME) Harry Kayser
 (ADDRESS) 9423 Emerson Overland, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 5-14-38
 19. FUNERAL DIRECTOR (NAME) Baumman Bros. Inc.
 (ADDRESS) 2504 Woodson Rd Overland, Mo.
 20. FILED 5-12 1938 D. C. Meyer Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1938
 22. I HEREBY CERTIFY, That I attended deceased from 5/5/38, 1938, to 5/11/38, 1938.
 I last saw her alive on 5/11/38, 1938. Death is said to have occurred on the date stated above, at 11:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Anhydremia
Sclerema
 Date of onset _____
 Other contributory causes of importance: 161
 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? _____ 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? _____
 If so, specify L. M. Aronberg, M. D.
 (Signed) _____ (Address) St. Louis County Hosp. Clayton, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Oscar F. Mueller

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Oscar F. Mueller

Licensed Embalmer No. *3039*

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.