

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

37159  
 Do not use this space.

REC'D DEC 12 1938

**1. PLACE OF DEATH**

(a) County..... 2 Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1008**  
 (c) City **of St. Louis** (d) Street No. **4630a Minnesota Ave** 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.

Registered No. **9486**

**2. PRINT FULL NAME** **John Kausler**

(a) Residence, No. **4630a Minnesota** 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 (write the word) **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Widowed Husband of Elizabeth**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 25, 1857**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**81 7 6**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Huckster**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Self**  
 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) **New York 1**

FATHER 13. NAME **Albert Kausler**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 6**

MOTHER 15. MAIDEN NAME **Mary Mattes**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 6**

17. INFORMANT **Geo. F. Kausler**  
 (ADDRESS) **7058 Mardell**

18. BURIAL OR CREMATION, OR REMOVAL to **Flucom, Mo.** DATE **11/2/38**  
 PLACE DATE

19. FUNERAL DIRECTOR **A. W. McLaughlin**  
 (ADDRESS) **2301 Lafayette Avenue**

20. FILED **NOV 1 1938**  
**J. G. Bredekamp** Local Registrar

**Medical Certificate of Death**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/31/38** 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
 I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at **7 A.M.**  
 The principal cause of death and related causes of importance were as follows:

**Coronary Occlusion; Arteriosclerosis.** Date of onset

Other contributory causes of importance:  
*[Handwritten signature]*

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? **70**

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..... **See above**  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) **J. G. Bredekamp** Mr. D.  
 (Address) **Flucom, 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.

STATEMENT BY LICENSED EMBALMER

I, J. K. Cooper, Licensed Embalmer No. 3633

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

..... L. E. ....

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

working under my personal supervision.

Signed J. K. Cooper

Licensed Embalmer No. 3633

**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.)**