LSSD APR 12 1939

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

8470
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791

(b) Township 1 Primary Registration District No. 1003 Registered No. 2235

(c) City St. Louis, (d) Street No. 5527 Pennsylvania 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.

2. PRINT FULL NAME 252 Julius F. Kaysing

(a) Residence, No. 5527 Pennsylvania Ave. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
68	10	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Automobile trimmer
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) Belleville Illinois

FATHER
13. NAME Julius C. Kaysing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville, Illinois

MOTHER
15. MAIDEN NAME Bertha Vollrath
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville, Illinois

17. INFORMANT (ADDRESS) Barbara Kaysing 5527 Pennsylvania Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo. Crematory DATE 3-9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Witt Bros. L. & U. Co. 2929 S. Jefferson Ave.

20. FILED MAR 8 1939 19 J. A. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 6 1939

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 9:25 P. m.

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

Pending Primary Occlusion

Date of onset

Other contributory causes of importance:

Arterio Sclerosis

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) Alfred J. Perry M.D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Paul A. Shankline, or by .....

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

Signed Paul A. Shankline

Licensed Embalmer No. 3473

P. O. Address 2979 S. Jeffer

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.