

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Nov. 5-17-39 I X1981

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34367

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. 8905

1. PLACE OF DEATH: 1003

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri

(c) Name of hospital or institution: City Hospital, #1

(d) Length of stay: In hospital or institution 1 Mo. 11 Days

In this community X years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County X

(c) City or town St. Louis

(d) Street No. 3816 N. Market

(e) If foreign born, how long in U. S. A. 25 yrs. years.

3. (a) PRINT FULL NAME Vaisale Kita

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased X 1896

8. AGE:

Years	Months	Days	If less than one day
<u>about 43</u>	<u>--</u>	<u>--</u>	<u>-----</u> min.

9. Birthplace Roumania

10. Usual occupation Laborer

11. Industry or business --- UNKNOWN

12. Name ?

13. Birthplace UNKNOWN

14. Maiden name UNKNOWN

15. Birthplace ?

16. (a) Informant's own signature MISS MARRISON

(b) Address City Hospital, #1

17. (a) BURIAL (b) Date thereof 10-20-39

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director William Taylor

(b) Address 1111 N. Taylor

19. (a) OCT 19 1939 (b) J. E. Brudick

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8, year 1939 hour 10:38 minute P.

21. I hereby certify that I attended the deceased from August 29, 1939, to October 8, 1939

that I last saw h. im alive on October 8, 1939

and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured peptic ulcer

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature J. E. Von Kaenel (M. D. or other) 10/19/39

Address 1516 Lafayette

**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, or by.....  
*Raymond E. Gerke* Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*City Journal*  
*180*

*Raymond E. Gerke*  
3985  
Licensed Embalmer No. \_\_\_\_\_  
P. O. Address *St Louis Mo*

**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.**