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FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9371

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2854

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, 25
(If outside city or town limits, write "RURAL")

(d) Street No. 1413a N. 11th
(If rural, give location)

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

3. (a) PRINT FULL NAME Frank Kiser

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Alvira Kiser

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

7. Birth date of deceased April 12, 1856 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83	11	9	hr. min.

9. Birthplace Akron, Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Retired Contractor

11. Industry or business Construction

FATHER
12. Name Joseph Kiser
13. Birthplace Ohio. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Brown
15. Birthplace Ohio. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joseph Bilsmer
(b) Address 1413a N. 11, St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/40. (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Bensiek-Niehaus
(b) Address 1431 Union Blv'd.

19. (a) MAR 27 1940 (Date received local registrar) (b) J. F. Baldock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21, year 1940 hour 10:05 minute P. M.

21. I hereby certify that I attended the deceased from March 17, 1940, to March 21, 1940; that I last saw him alive on March 21, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death chronic myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Harold Freedman MD (M. D. or other)

Address 1515 Lafayette, Date signed 3/22/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

REV. 3-17-39 I X19511

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed L. M. White

Licensed Embalmer No. 3973

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.