

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33606**

NOV 16 1940 **791**

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **8303**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3630 Neosho Street**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **65 years**
years, months or days)

3. (a) PRINT FULL NAME **Mr. William Henry Kaufman**

8. (b) If veteran, name war _____ 3. (c) Social Security No. **492-03-8218**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Maude Maloney Kaufman** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **August 5th, 1875**
(Month) (Day) (Year)

8. AGE: Years **65** Months **1** Days **29** If less than one day hr. _____ min. _____

9. Birthplace **St. Louis** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Foreman**

11. Industry or business **Laclede Gas Light Co.**

12. Name **Unknown**

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Maude Kaufman**

(b) Address **3630 Neosho Street**

17. (a) **Burial** (b) Date thereof **Oct. 7, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Benjamin H. Hume**

(b) Address **1936 St. Louis Avenue**

19. **Oct 8 1940** (b) **J. D. Baudisch**
(Date received by registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3630 Neosho Street**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **4th**
year **1940** hour **8** minute **00** A. M.

21. I hereby certify that I attended the deceased from **June 28**
_____, 19**30** to **Oct 4**, 19**40**

that I last saw him alive on **Oct 3**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Ulceration

Due to **CHF**

Due to **CHF**

Other conditions **Coronary Artery Disease**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **None**

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **J. D. Baudisch** (M. D. or other) _____

Address **622 1/2 N. 4th** Date signed **Oct 5**

Dr. H. J. L. L. L.
Univ. Clerk. B.

12:30 - 2:00 P.M.

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 Theo. H. Berdmidun

Licensed Embalmer No. 506

P. O. Address 1936 St. Louis Ave

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.