S. No. 2
—4-13-40
. 5-17-39
I X23159

FILED MAY 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12519

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2949

00
17
9

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

1. PLACE OF DEATH:
(a) County St. Louis.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution November 14, 1940 (Specify whether
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo. (b) County St. Louis.
(c) City or town St. Louis. 9
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. 13
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? American. years.

3. (a) PRINT FULL NAME William Kaiser
3. (b) If veteran, name war Cannot say. 3. (c) Social Security No. Cannot say.
4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Separated
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased x (Month) x (Day) 1870. (Year)

8. AGE: Years 70 (about) Months x Days x If less than one day hr. min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Janitor.
11. Industry or business x
FATHER
12. Name Alfred Kaiser
13. Birthplace Michigan 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Catherine Reitz
15. Birthplace Missouri. 0
(City, town, or county) (State or foreign country)
16. (a) Informant 58 E. Malone
(b) Address 5800 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Paul J. Calcaterra
(b) Address 5142 Daggett Ave
19. (a) APR - 3 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2, year 1941. hour 9:10 minute a. M.
21. I hereby certify that I attended the deceased from November 14, 1940, to April 2, 1940; that I last saw him alive on April 2, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 1
Due to [illegible]
Due to [illegible]
Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)
Arteriosclerosis
Major findings:
Of operations
Of autopsy

Duration

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 0

23. Signature Robert E. Shank (M. D. or other)
Address 5600 Arsenal Date signed 4/2/41

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Hyland

Licensed Embalmer No. 9645

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, fact should be so stated above.