

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 13 1942

191

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8790

Registrar's No. 2745

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Crescent
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hugo H. Kaysing

3. (b) If veteran, name war X X X 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sophia Koch Kaysing 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased July 2 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Furniture Finisher

11. Industry or business Furniture

12. Name - - Kaysing

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

14. Maiden name unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Herman T. Koch

(b) Address 5131 Palm St.
17. (a) Burial (b) Date thereof 3/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John S. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) MAR 27 1942 (b) J. F. Bledock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1942 hour 3:50 minute P M.

21. I hereby certify that I attended the deceased from March 18
1942 to March 24 1942
that I last saw him alive on March 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 2 wks

Due to Chs. Corone disease -

Due to Chs. nephritis -

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations 1/3/1
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature am Brand (M. D. or other) 0
Address 3651 Grandview Date signed 3/27/42

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

MOTHER FATHER

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..... *C. P. Kidwell*
Licensed Embalmer No. *3877*
P. O. Address *7027 Gravois*

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.