

S. No. 2
M-5-42
7, 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32102
Registrar's No. 8648

FILED OCT 28 1942
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis, Missouri
(c) Name of hospital or institution:
St. Louis City Hospital
(d) Length of stay: In hospital or institution..... 27 Days
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... mo. (b) County..... 17
(c) City or town..... St. Louis
(d) Street No. 4226 Susan Ave
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME..... Charles Fred Kaiser
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 18, year 1942 hour 3:45 minute A. M.
21. I hereby certify that I attended the deceased from September 22, 1942 to October 18, 1942; that I last saw him alive on October 18, 1942; and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced..... married
6. (b) Name of husband or wife..... Frances Kaiser
6. (c) Age of husband or wife if alive..... 42 years
7. Birth date of deceased..... June 1st 1889

Immediate cause of death..... Cerebral aneurysm of common carotid duct
Due to.....
Due to.....
Other conditions..... Metastases of Liver
Major findings:
Of operations.....
Of autopsy..... no autopsy

8. AGE: Years 53 Months 4 Days 17
9. Birthplace..... Germany

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

10. Usual occupation..... Chauffeur
11. Industry or business..... Truck "for self"
12. Name..... August Kaiser
13. Birthplace..... Germany
14. Maiden name..... Mary Wallinga
15. Birthplace..... Germany

16. (a) Informant..... Frances Kaiser
(b) Address..... 4226 Susan Ave
17. (a) removal (b) Date thereof..... 10-21-42
(c) Place: burial or cremation..... Berger, Missouri
18. (a) Signature of funeral director.....
(b) Address..... 4228 So Kingshighway

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)..... None
(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?.....
Signature..... William J. Bask
Address..... 1515 Lafayette Avenue

19. (a) OCT 19 1942 (b) J. F. Bredeck
(Date received local Registrar) (Registrar's signature)

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 *Eleen A. Mc Nematt*

Licensed Embalmer No. *3024*

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, fact should be so stated above.