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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26085

Registration District No. FILED JUL 24 1943

Primary Registration District No. 6076

Registrar's No. 1664

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1256 /Delaware Ave.,
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Mo. (b) County St. Louis 0

(c) City or town Wellston 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1256 Delaware Ave.,
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Kaiser

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced single 0

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

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

7. Birth date of deceased Jan. 5, 1868.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	6	15	..... hr. ..... min.

9. Birthplace St. Louis Co., Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business .....

FATHER
12. Name Leonard Kaiser
13. Birthplace ..... Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eva Hannamann
15. Birthplace ..... Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Tebeau
(b) Address 6224 Plymouth Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22/43.
(Month) (Day) (Year)
(c) Place: burial or cremation Zion Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) JUL 22 REC'D (Date received local registrar) (b) E. J. McGarry MA (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1943 hour 3 00 minute A.M.M.

21. I hereby certify that I attended the deceased from July 18, 1943, to July 19, 1943
that I last saw him alive on July 19, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	1 week
Due to Carcinoma Rectum c̄ Stricture Rectum	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46d

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 William E. Rubenstein (M. D. or other)
Address 4114 Easton Av Date signed 7/20/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Rubenstein
4114A Easton Ave.,
2-5 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 Albert G. Hoffa

Licensed Embalmer No. 2971

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.