

FILED JAN 12 1944
318

Registration District No. _____ Primary Registration District No. **1003**

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

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: Desloge Hospital
(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:

(a) State Missouri (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3825-a Marine Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Joann Frances Kayser

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
year 1943 hour 12 minute 30 P.M.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 18 1943
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>10</u>	<u>12</u>		hr. _____ min.

Immediate cause of death: hemorrhage of the brain suffered when deceased fell on her head from a high chair in the kitchen of her home at 3825 Marine

Due to on 12-30-43

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

10. Usual occupation nil

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name Elmer J. Kayser

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

14. Maiden name Doris Nahler

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

If autopsied _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Doris Kayser

(b) Address 3825-a Marine St. Louis, Mo.

17. (a) Burial (b) Date thereof 1-3-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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? _____

18. (a) Signature of funeral director Blumman Bros Inc.

(b) Address 2504-Woodson Overland, Mo.

19. (a) DEC 31 1943 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (City or town) (County) (State)

23. Signature Alfred Kayser (M.D. or other) _____

Address _____ Date signed 12/30/43

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.....

Oscar F. Mueller

Licensed Embalmer No. *3039*

P. O. Address *Overland 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.