S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28764

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 1723

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1126 Sutter Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Universoty City
(If outside city or town limits, write "RURAL")
(d) Street No. 1126 Sutter Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bridget E. Kaiser
3. (b) If veteran, name war No
3. (c) Social Security 487-07-6400B
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Kaiser
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased March 13, 1870. (Month) (Day) (Year)
8. AGE: Years 74 Months 4 Days 30 If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
12. FATHER Name John McCaffrey
13. FATHER Birthplace Unknown (City, town, or county) Ireland (State or foreign country)
14. MOTHER Maiden name Ellen McMahon
15. MOTHER Birthplace Unknown (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Wm. Kaiser
(b) Address 1126 Sutter Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16/44. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.
19. (a) AUG 16 1944 (Date received local registrar) (b) E. D. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12 year 1944 hour 3.20 minute A.M.
21. I hereby certify that I attended the deceased from April 1943, 19..., to Aug 12, 1944, that I last saw her alive on Aug 7, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Heat exhaustion — Duration 4 days
Due to: Senility
Due to: Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)
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 (M. D. or other)
Address 4852 Maryland Date signed 8-14-44

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(Licensed Embalmer's Statement on Reverse Side)

Dr. J.Ted Jean
4952 Maryland Ave.,
10-1.00 P.M. Dalley
FO. 6400.

MAR 17 1966

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.....

Licensed Embalmer No.....

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.