. S. No. 2
0M—2-43
ev. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18569

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4886

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(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 35 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6260 Cates
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HARRY ARNOLD KAISER

3. (b) If veteran, name war

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 Gladys Harris Kaiser

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 50 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business Elder Mfg. Co.

FATHER
12. Name Abraham Kaiser
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Rebecca Stitser
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Mrs. Gladys Kaiser
(b) Address 6260 Cates Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-46 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director [illegible]
(b) Address 5216 Delmar Blvd.

19. (a) JUN 1 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th year 1946 hour 3 minute 45 p. M.

21. I hereby certify that I attended the deceased from April 25, 1946, to May 30, 1946 that I last saw him alive on May 30, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary hemorrhage	
Due to: Pulmonary tuberculosis and cancer of the lung	1 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Pulmonary tuberculosis Cancer of the lung	

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 Boyd E. Haywood (M. D. or other)
Address Barnes Hospital Date signed 5/30/46

(Licensed Embalmer's Statement on Reverse Side)

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 H. Burgess

Licensed Embalmer No. 4029

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.