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M-5-43  
7. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11073

State File No. \_\_\_\_\_

FILED MAR 31 1947  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

3073

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4941 Finkman 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:

(a) State Mo. (b) County oso  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 2-17  
(d) Street No. 4941 Finkman Ave.  
(If rural, give location) 9  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MAX JOSEPH KAISER

3. (b) If veteran, name war None  
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 Rose Clara  
6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased Aug. 1 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 7 20 hr. \_\_\_\_\_ min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business Hezel Milling Co.

12. Name Joseph Kaiser

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

14. Maiden name Crecentia Limberger  
(City, town, or county) (State or foreign country)

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Clara Kaiser

(b) Address 4941 Finkman Ave.

17. (a) Burial (b) Date thereof 3 24 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul Cem

18. (a) Signature of funeral director Kriegshauser Und Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 22 1947 (b) J. F. Predeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21  
year 1947 hour 1:40 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from December 15, 1946 to March 21, 1947  
that I last saw him alive on March 21, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema

Due to Diabetes

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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 Clay Allen (M. D. or other) \_\_\_\_\_  
Address 5912 S. Kingshighway Date signed 3-22-47

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

MOTHER FATHER

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**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 *Richard W. Stovresand*

Licensed Embalmer No. *4007*

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.**