No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33306

Registration District No. 377 Primary Registration District No. 6076 Registrar's No. 2124

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Admn. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days (Specify whether years, months or days)
In this community 6 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2817 Arlington 4
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME KAISER, Edward C.
3. (b) If veteran, name war WW-2
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Cathleen Kaiser
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased December (Month) 31 (Day) 1920 (Year)

8. AGE: Years	Months	Days	If less than one day
26	9	7	hr. min.

9. Birthplace University City, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Government Supervisor
11. Industry or business Government Worker
FATHER 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Registrar
(b) Address Jefferson Barracks, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-11-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Cavalry Cem., St. Louis, Mo.
18. (a) Signature of funeral director Sullivan Fun. Home
(b) Address 2849 N. Euclid, St. Louis, Mo.
19. (a) 10-10-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8 year 1947 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept. 18, 1947, to October 8, 1947; that I last saw him alive on October 8, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute leukemia	
74 a	
Contr. cause: Anemia; purpura	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No autopsy	

PHYSICIAN — Underline the cause of 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 L. E. Stilwell (M. D.)
L. E. STILWELL
Address Jefferson Barracks, Mo. Date signed 10/9/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 16 1949

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 Robert L. Brinkman

Licensed Embalmer No. 3653

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.