

S. No. 2
 DM-2-43
 v. 5-17-39
 I X35697

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED NOV 14 1947

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **36656**
 Registrar's No. **2320**

Registration District No. **317**

Primary Registration District No. **6076**

1. PLACE OF DEATH:
 (a) County St. Louis Mo
 (b) City or town Rural: 41 year 7 month
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **JEWISH SANATORIUM**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 years 4 Months
(Specify whether)
 In this community _____
years, months or days

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. 5753 McPherson 9
(If rural, give location)
 (e) Citizen of foreign country? 1
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Louis Kaiser
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day eight
 year 1947 hour 12 minute 25 P.M.
 21. I hereby certify that I attended the deceased from July 8
 1943, to November 8 1947
 that I last saw him alive on November 8 1947
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death: Myocardial infarction (due to atherosclerosis of the coronary arteries)
 Due to Tuberculous 3 months
 Due to acquired psychosis of about 2 1/2 years
 Duration first attack 2 1/2 years
second attack 3 months
third attack 3 months

7. Birth date of deceased Unknown
(Month) (Day) (Year)
 8. AGE: Years About 62 Months _____ Days _____ If less than one day _____ hr. _____ min.

Other conditions 30
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Russia
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Designer
 11. Industry or business Ladies Ready-to-wear
 MOTHER FATHER
 12. Name Abraham Kaiser
 13. Birthplace Russia
(City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Sticher
 15. Birthplace Russia
(City, town, or county) (State or foreign country)
 16. (a) Informant Sara Kaiser
 (b) Address 5753 McPherson
 17. (a) Burial (b) Date thereof 11-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Chesed Shel Emeth Cen.
 18. (a) Signature of funeral director Herman...
 (b) Address 5216 Delmar Blvd.
 19. (a) 11-12-47 (b) Sealed...
(Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (e) Means of injury 0
 23. Signature Elig Lemore (M. D. or other) _____
 Address JEWISH SANATORIUM Date signed 11/8/49

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

6060

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..... *Van M. Sizemore*

Licensed Embalmer No..... *4343*

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.