

No. 2
-5-43
5-17-39
I X3687

FILED JAN 16 1948 318
Registration District No.

Primary Registration District No. **1003**

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

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:
2138 Blendon Place
(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)

3. (a) PRINT FULL NAME Martha Magee Kayser

3. (b) If veteran, name war..... no

3. (c) Social Security No. none

4. Sex female **5. Color or race** white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Herman Kayser

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

7. Birth date of deceased January 23 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	<u>0</u>	14 hr. min.

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

10. Usual occupation at home

11. Industry or business none

12. Name Fred W. Blanke

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

14. Maiden name Sophia Hessmer

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

16. (a) Informant Mrs. Carl A. Hahn

(b) Address 2138 Blendon Place

17. (a) burial **(b) Date thereof** Jan-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director A. Krow & Co.

(b) Address 2707 N. Grand Blvd

19. (a) JAN 8 1948 **(b) Registrar's signature** J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2138 Blendon Place
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
 year 1948 hour 3 minute 30 a.m.

21. I hereby certify that I attended the deceased from Jan. 6th 1947 to Jan. 6th 1948
 that I last saw her alive on Jan. 6th 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Arterio-sclerosis 6 years

Due to 9/4

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

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?

23. Signature G. M. Schurich **(M. D. or other)** 0
(Specify type of place) (e) Means of injury

Address 5152 Rosa Ave **Date signed** Jan 11 48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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

Stanley H. Dixon

Licensed Embalmer No. *4193*

P. O. Address. *St Louis*

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.